

PASTORAL MINISTRY AND THE
NEEDS OF THE AGING

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In Partial Fulfillment
of the Requirements for the Degree
Doctor of Ministry

by
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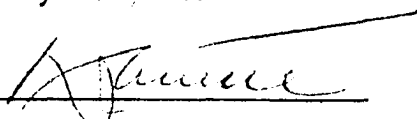
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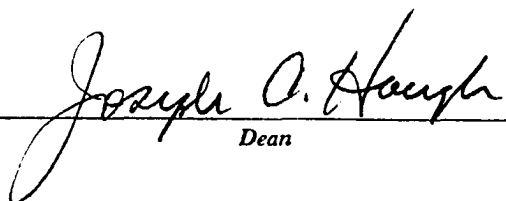

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ABSTRACT

The aged are demeaned and devalued in society by stereotyping and sweeping generalizations. While persons in their later years do find enrichment in life, there is also anxiety and difficulty as feelings of insignificance, insecurity, regretfulness, and fear are confronted. How can the pattern of ageism be changed and what is the church's role in recovering the integrity and worthfulness of aging persons? The subject of this dissertation focuses on the important role of pastoral concern and a caring community in improving the quality of life for older persons.

The religious community is continually asked to respond through ministry to the needs of aging persons. The Christian faith provides resources which are unused and untapped. When older persons are affirmed, respected, and their creative contributions utilized, despair can be replaced with hope.

After the introduction the second chapter gives reasons why the church should be interested in older persons. The biblical/historical foundation is traced, along with the distinctive contributions of the church in doing something about the special needs of the aged. The situation of the aged is mentioned next, with primary concern given the assumptions often made about older people. The need to change stereotyped viewpoints is reviewed and a summary given of the need to reverse the formidable problems of aging persons today.

In Chapter III the need for careful research in understanding the needs, attitudes, and tendencies of the aged is presented. The two prevailing theories of the aging process are reviewed and their

adequacy questioned. Personality and religious needs of aging persons are explored, followed by an account of how the government became involved in the problems of the elderly.

The pastoral role as exercised at a nursing home on the Island of Maui, Hawaii, is presented in Chapter IV. Case studies from interviews relate specific problems and needs of persons with focus on alleviating anxiety concerning death, programs providing participation in the social environment, supportiveness in dark days and crises, and helping to satisfy basic socio-psychological needs.

Chapter V concludes with the characteristics of a program structure and the church's role in activating a plan, thereby fulfilling its ministry. The key to determining what the elderly want is society's alertness in listening to what the aged actually desire for themselves. The theological task of the church includes lifting up the importance of the social community and recognizing the inherent worth and value of each person. Since the church has permitted the aged to be de-valued, it has the crucial role of reversing the trend so that esteem and dignity replace devaluation.

The pastor's work with aging persons and with community organizations is diversified and provides opportunity to affirm insights, clarify issues, state alternatives, and suggest possible steps of action. Church and society need to be open to the contributions of the elderly, but the church's unique opportunity is in equipping and guiding persons so that their closing years of life are fulfilling ones. The clergy need to be sensitive and alert for ministry in the community. The church continually has the task of bringing the healing of the gospel

to the world. The healing team is made up of many parts and the pastor is an integral part of the team. To the degree that the church and society enter into the thoughts and feelings of the elderly -- coming to terms with their own aging -- they will have commenced in making a genuine contribution to the fulfillment of older persons.

CHAPTER I

INTRODUCTION: THE IMPORTANCE OF MINISTRY TO THE AGING

From the time when the Psalmist prayed, "Do not cast me off in the time of old age; forsake me not when my strength is spent,"¹ to the present time when society questions: "What does it mean to age?" -- the religious community is asked to respond through ministry to the needs of aging persons. The problem repeatedly presenting itself to the church was well phrased by Esther Stamates prior to the second White House Conference on Aging in 1971:

As people grow old, their families die, their friends are gone, there is a terrible loneliness which creates fears. There is no one to fulfill their needs for affection and if the church can't do this, then who will?²

Active with the American Association of Retired persons and the National Teachers Association, she expressed the needs of the elderly by issuing a challenge to the churches.

The aged are usually set apart from society and stereotyped by sweeping generalizations. Society demeans and devalues the aged, as evidence the tendency of automation to categorize into every conceivable grouping: from the "cradle Roll" to the euphemistic "senior Citizens." The emerging role of the church stands in need of reviewing its part in such stereotyping and categorizing so that it will be sensitive, as well as a contributing factor, to the dignity and wholeness of the total

¹Ps. 71:9 (RSV used throughout).

²Esther Stamates, "The Churches and the Aging," Presbyterian Outlook (February 4, 1974), 6.

person.

Technology has experienced great success in adding longevity to the life expectancy of persons so the challenge, opportunity, and responsibility confronting the church presents itself within the realm of adding life to those years in the name of a living Christ who came for the purpose of making life meaningful and abundant.

The pastor is in a significant position in the community as the representative of the church entrusted with the ministry of reconciliation and bearing the good news of the love and forgiveness of God inherent in the gift of salvation. The pastor has unique access to both private residences and institutions which care for the needs of the aging. While there are many problems of aging with which the pastoral ministry might concern itself, there is great potential in and through the pastoral opportunity to minister individually and ecumenically in meeting such problems.

As persons in their later years find enrichment in life, so too they may find anxiety and difficulty. As the various periods of life have hazards as well as blessings, many persons in old age may feel insignificant, insecure, regretful, or fearful. The Christian faith, through the ministry and mission of the church, is able to provide resources which are unused and untapped. These resources include opportunities for service and worship, the reminder that the inner resource of God's power and love is available, and most importantly, the assurance of immortality.

Many anthropologists state that the character of a given society largely affects the treatment of the older generation of that society. Nomadic tribes, because of their frequent moves, found the elderly a bur-

den. When they became nonproductive and no longer able to keep up with the group, they were often left to be put to death by relatives or simply to perish as the group continued its journey. With the emergence of a more settled life style, the aged could live out their later years more productively, were sought for advice and counsel, and were regarded and treated more sympathetically and affectionately.³

It is important to remember the substantial difference between the aged in earlier times and the aged today because in earlier days there were far fewer aged, due to poor medical and sanitation conditions. Dramatic prolongation of life has become a reality in our day, and we have seemingly entered the age of the aged. Bert Kruger Smith, Executive Director of the Hogg Foundation for Mental Health in Austin, Texas, reminds us that, "In the past 100 years our total population has grown to be five times as large as it was. Our middle-aged population is nine times as large, our older population seventeen times greater."⁴ Smith goes on to state that,

Today, about 4,000 Americans reached their 65th birthday; 3,000 died, leaving an extra 1,000 persons. Approximately one in 10 Americans is 65 or older. They number more than twenty million. By the year 2000 they will be closer to thirty million.⁵

Statistics of this proportion demonstrate a new urgency. Contemporary society must look at this ever-increasing number of persons, seriously considering whether or not their numbers have shunted off prematurely as

³Mina Field, Aging with Honor and Dignity (Springfield, IL: Thomas, 1968), p. 4.

⁴Bert Kruger Smith, Aging in America (Boston: Beacon Press, 1973), p. 17.

⁵Ibid.

"senior" alumni who have "graduated to unproductivity without having been given a fair measure of justice, dignity, and individual worth.

Henri J. M. Nouwen, speaking of our responsibility to incorporate the aged into the fabric of our own lives, shares Simone deBeauvoir's use of an intriguing Balinese legend to help us realize how insensitively "the old" or "the elderly" may have been labeled or shunned:

It is said that once upon a time the people of a remote mountain village used to sacrifice and eat their old men. A day came when there was not a single old man left, and the traditions were lost. They wanted to build a great house for the meetings of the assembly, but when they came to look at the tree trunks that had been cut for that purpose no one could tell the top from the bottom: if the timber were placed the wrong way up, it would set off a series of disasters. A young man said that if they promised never to eat old men any more, he would be able to find a solution. They promised. He brought his grandfather, whom he had hidden: and the old man taught the community to tell top from bottom.⁶

The aged may be severely desecrated or routinely shelved, when in reality their counsel is urgently needed for key decisions in the community, such as telling top from bottom. Moses, aware of the wisdom attainable from the graceful elderly, could tell his people: "Remember the days of old, consider the years of many generations; ask your father, and he will show you; your elders and they will tell you."⁷

There is more to see in the faces and lives of the elderly than may at first be imagined. Just as Simeon broke through the pessimism of his day by taking the child Jesus in his arms and blessing God, his affirmations seem to say to us that coming of age is actually a coming to the light:

⁶Henri J. M. Nouwen and Walter J. Gaffney, Aging (Garden City, NJ: Doubleday, 1976)p. 23.

⁷Deut. 32:7.

Lord, now lettest thou thy servant depart in peace, according to thy salvation which thou hast prepared in the presence of all peoples, a light⁸ for revelation to the gentiles, and for glory to thy people Israel.

The Psalmist also writes of that which may be new vision and sound for dispelling many of the stereotyped and mythological aspects of aging:

"The righteous flourish in the courts of our God. They still bring forth fruit in old age, they are ever full of sap and green, to show that the Lord is upright...."⁹

Both harm and fear have resulted from stereotyping elderly.

Younger people, in avoiding the elderly, are denied those contacts which would give them perspective with their own aging. Old age will be seen as unattractive as long as old people are viewed as poor, isolated, sick, and unhappy. Because life is a gift and not property to defend, it is an illusion to believe persons are ageless or immortal. Several things may happen as a result of the isolation or lack of association between youth and the aged: there is no opportunity for the imparting of wisdom, and the elderly despair in their deepest understanding of life. As Henri Nouwen and Walter Gaffney observe, "who can remain a teacher when there are no students willing to learn."¹⁰

The elderly, however, do not so readily fit the stereotype of gloomy, inarticulate, dependent people. Their talents are varied just as people differ in experience, activities, and abilities. Henri Nouwen reflects on the personal experience of his relationship with his grandmother during his earlier years in Holland:

⁸Lk. 2:29-32

⁹Ps. 92:12-15.

¹⁰Nouwen and Gaffney, p. 59.

When I think of her I do not feel sad or depressed -- rather a warm smile dawns on the horizons of my thoughts. I see her beautiful white hair and her small tender face which felt so soft every time she kissed me. Sitting in her easychair, she listened with great attention to all the stories I had to tell about my father and mother, my brothers and sister, my studies and ordination, my plans and my hopes ... Whatever I said, she would always take it seriously. And although she seldom talked about her long past of eighty years, I saw in her eyes the slow life on a small Dutch farm. I saw the man she met and lived with for forty-five years, and their eleven children. I saw her behind the window, looking at the hearse of her husband being carried to his grave. Then again I saw her knitting for me and all her grandchildren ... One day, sitting in her chair behind the window, with her old prayerbook in her hands, she simply bowed her head and left us. And her face was full of peace and light.

It is clear that Nouwen is describing an elderly person who had not been expelled from the community of the living.

Elderly persons have played an important part in my life since childhood. Having grown up in a small Illinois farming community, I had many opportunities to visit the homes of elderly people. I came to appreciate various aspects of the lives of the aging people who were part of my childhood world. There were the drastic changes resulting from the installation of 100 foot television reception towers, as news and events became everyday topics and many of the town's elderly kept abreast of current events. There was the wherewithall to work out living expenses before the days of large scale governmental assistance.

I have warm and happy memories of my grandmother in central Illinois and of traditions which help me understand my own life.

My grandmother began each day by using the support of a chair, pushing it around the kitchen to limber her bow-legs, joints, and muscles. Sitting in a rocking chair or bent over the dining room table with a large

¹¹Ibid., pp. 61-62.

magnifying glass, she read remarkably well, considering she had only completed the eighth grade due to caring for a brother with tuberculosis and cooking for "hired hands" on the farm. She helped me with difficult spelling words and suggested unusual ways to remember the hard ones. Her supportiveness continued into the years of my sharing with her regarding the girl I planned to marry. Lovingly she cared for grandpa beyond her physical capability, and lovingly she endured grandpa's "unreasonableness." Once, when she was baking one of her hand-crafted apple-cinnamon pies for a like-aged 80 year old neighbor, grandpa rudely ushered the gentleman out the back door, convinced that an affair must be in progress.

She avidly read the Bible and newspapers, maintaining a keen alertness for every television program featuring Bishop Fulton Sheen -- this is a day and area which found some townfolk regarding members of Sheen's denomination a little less than faithful members of the Body of Christ.

She mended clothing and sheets, boiling the clothes in a large tub before washing them. Spring house-cleaning was a major undertaking as seemingly endless layers of venetian blinds were systematically wiped.

It is a pleasant thought to remember her as she sat on the porch swing. Her life seemed to be one of understanding the life of the land and soil. With her death and with the passing years, the realization has come that there is a new light possible which comes from growing old.

Moving beyond pessimism and into the light, while not meeting the expectations of computers or profit-makers, dispels mythological aspects of aging. Although it is not easy to descriptively capture that special peace and light (that glow of full maturity) "maybe we can come close by speaking of the hope, the humor, and the vision of the many who have grown

old gracefully and carefully."¹²

Death for many aging persons is not so much a dreaded ordeal as it is a way of escaping the loss of self esteem, including the stereotyping which is imposed upon so many of the aged. "Where older people have no status in society they cannot accept their own aging."¹³ To deny equal rights and responsible functioning to older people is to negate human dignity and wisdom which the Christian faith affirms as the gift and right of every person from a life-giving God.

Paul Tournier reminds us that some old people live lives of loneliness largely as the result of the characteristics of modern civilization. Our society contributes largely to the problem of loneliness in that through the absence of social integration and of opportunity for meaningful personal relationships, social withdrawal becomes overwhelming. Tournier refers to a study noting that almost one third of the retired persons in a particular sampling simply had no visitors. The importance of such observations or findings is significant as it relates to a theology of aging and the problem of being lonely.¹⁴

In order for the church to fulfill the mission of its ministry it will be necessary for it to act in faith utilizing all available resources, one within its very midst: the aged themselves. The determination to fulfill such ministry may well result in a "de-shelving" of the aged,

¹²Ibid., p. 67.

¹³William E. Hulme, The Pastoral Care of Families (New York: Abingdon Press, 1962), p. 173.

¹⁴Paul Tournier, Learn to Grow Old (New York: Harper & Row, 1971) p. 101

much in the spirit of Joe Hudson of Gibson City, Illinois, an active person in inter-faith action, who spiritedly observed: "I'm not a senior citizen, -- I'm a seasoned citizen. I'm not in my retirement years, -- I'm in my elective years."¹⁵

The United Presbyterian Church at its 185th General Assembly in 1973 adopted a policy statement and recommendations intitled "The Rights and Responsibilities of Older Persons." Early in the statement a basis is given for Christian Concern and action regarding the aged. The statement goes on to stress the importance of affirming, accepting, and respecting older persons and utilizing their creative contributions.¹⁶

The Presbyterian statement helpfully points out the twofold view of each person's existence: the earthly time-bound nature and the realm that is eternal. But of importance to these introductory remarks is the affirmation that God sets no age limit upon a person insofar as the individual may be used for God's purposes in the coming of the Kingdom. Older persons may uniquely share God's mercy and grace with all of humankind, living exemplary lives advocating justice and reconciliation.¹⁷ As the God who is utterly dependable continues such faithfulness, the elderly may well respond in serving others because of a God like that.

The Apostle Paul, speaking to the human condition of the inner

¹⁵Donald F. Clingan, Aging Persons in the Community of Faith (Indianapolis: Indiana Commission on the Aging and Aged, 1975), p. 10.

¹⁶"Aging: The Rights and Responsibilities of Older Persons," Church and Society, LXIV (September-October 1973), 49.

¹⁷Ibid.

spirit, focuses on the eternal or unseen in the presence of a declining physical nature:

Though our outer nature is wasting away, our inner nature is becoming renewed every day. For this slight momentary affliction is preparing for us an eternal weight of glory beyond all comparison, because we look not to the things that are seen but to the things that are unseen; for the things that are seen are transient, but the things that are unseen are eternal.¹⁸

Paul introduced this passage with a word of encouragement and support:

"So we do not lose heart."¹⁹

As finite persons we are created in God's image and endowed with the freedom to plan for the present and the future and to dream dreams and to change the existing social order where there is a pervasive pattern of defeatism in ageism. A Theology of aging should be fundamental in our world view, influencing as a basic foundation all that the church seeks to do.

The thesis of this paper will focus on the need for pastoral concern to enhance, restore, and improve the quality of life for older people by finding new commitments and by ministering to aging persons so that a caring community might re-establish the dignity of old age, thus fulfilling the promise of the Christ whose life replaces despair with hope.

In support of this thesis, Chapter II will indicate why the church should be interested in the aging. It will focus on distinctive contributions by the church, the situation in which the aged find themselves, and why there is need for change and redirecting society's values.

¹⁸ II Cor. 4:16-18.

¹⁹ II Cor. 4:16.

Chapter III will delineate some of the needs of the aging with emphasis upon gerontological research, governmental action, personality, and religious needs. Chapter IV will present the pastoral role as exercised at the Hale Makua Nursing Home at Wailuku, Hawaii, indicating through case studies specific problems and needs of the residents. In Chapter V the characteristics of a program structure and a proposed plan for the church to activate and fulfill its ministry will be given.

CHAPTER II

THE CHURCH'S INTEREST IN THE AGING

In addition to the Psalmist's prayer not to be forsaken when strength fails in old age (Psalms 71:9) there is a passage in II Samuel 19:33-38 which portrays the value of the aging person. An impassioned plea is given by eighty year old Barzillai. The king responds not only to the suggestion that his servant, Chimham, accompany him on a journey, but also promises to the elderly Barzillai: "And all that you desire of me I will do for you."¹

A doctoral dissertation by Thomas H. Au traces the historical perspective of aging in the Judaic tradition, indicating how age was equated with wisdom, resulting in a respected and esteemed status.² Although one's function changed with age, the elderly through continued involvement were still a vital and respected part of the extended family. Au's dissertation brings out the gradual shift which took place from the family providing the care for aging persons to the institutional care provided in more modern periods. As societies in the Near-East saw the eroding of certain value systems, there was an increase in the number of aged persons receiving care apart from the family.³

In the Jewish tradition there is a linkage between respect for

¹II Sam. 19:38.

²Thomas H. Au, "The Church's Role in the Problem of Aging" (unpublished D. Min. dissertation, School of Theology at Claremont, 1975), pp. 7-18.

³Ibid.

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persons and social action. To have high regard for those in need is still lacking unless deeds of loving-kindness are performed. A passage from the Mishnah, the oral law and legal part of the Talmud, after alluding to the importance of honoring one's father and mother, specifies:

Performing deeds of loving-kindness, attending the house of study morning and evening, hospitality to wayfarers, visiting the sick, dowering the bride, accompanying the dead to the grave, devotion in prayer, and making peace between man and his fellow; but the study of the Torah is equivalent to them all.⁴

This linkage between the venerating of elders and providing the necessary care is present in Biblical, Talmudic, and later rabbinical literature.

The Christian view of aging draws upon a foundational and rich variety of Old Testament Scripture: "Then God said, 'Let us make man in our image, after our likeness ...'"⁵ "Do not cast me off in the time of old age."⁶ "For if a man lives many years, let him rejoice in them all."⁷ "Honor your father and your mother ..."⁸

In ancient Israel the elderly and aged were regarded with respect and esteem. This was equally true for family and tribal living. Even after the adoption of the monarchy, the precepts continued to foster honor as well as obedience to one's parents (see Leviticus 19:3). Alien nations were denounced for the barbaric practice of not regarding "the person of the old."⁹

Such precepts were also to be highly regarded. Jesus reiterated the

⁴Donald F. Clingan, Aging Persons in the Community of Faith (Indianapolis: Indiana Commission on the Aging and Aged, 1975), p. 18.

⁵Gen. 1:26ff.

⁶Ps. 71:9.

⁷Eccl. 11:8.

⁸Exod. 20:12.

⁹Deut. 28:50.

Levitical Law which reads: "You shall not take vengeance or bear any grudge against the sons of your own people, but you shall love your neighbor as yourself ..."¹⁰ In the Sermon on the Mount he taught: "So whatever you wish that men would do to you, do so to them; for this is the law and the prophets."¹¹ Upon the cross Jesus was concerned for the care of his mother: "Behold, your mother!"¹²

The Gospels record a variety of concrete images: leaven, salt, light, as well as the ideas of compassion, peace, wholeness, and laboring in love. The admonitions in Matthew 25: 31-40, as they speak of ministering to the hungry, thirsty, lonely, naked, sick, or imprisoned, are addressed to the totality of the person's needs. The early church was mindful of these teachings and designated persons in the congregation to minister to those in need. Centuries have passed, but the continuing need for significant ministry with the aging has not changed. The challenge and opportunity of the church today is reiterated by Donald F. Clingan as he calls for clergy and lay leader involvement, maintaining that such a ministry will

Help lift up the dignity and worth of each individual and enable the aging as children of God to maintain their pride, self-respect and self-esteem so that they may continue as productive, creative human beings within the framework of their potential.¹³

There are significant reasons for the church to meet and fulfill the challenge to regard the elderly with dignity and worthfulness. The following sections will speak to this need, tracing the contribution of the church and the distinct age-oriented situation in which the church

¹⁰Lev. 19:18.

¹¹Matt. 7:12.

¹²Jn. 19:27.

¹³Clingan, p. 19.

finds itself today. Further sections go on to relate the linkage between God's creation and life, the plight of the aged, and suggestions for changing and reducing the problems.

Reasons Why the Church Should Be Interested in Older Persons

The church should be interested in the aged because of the dignity and worth of persons and the sanctity of life. Whatever its performance has been in the past, it needs to alert itself to its Judeo-Christian heritage with an openness and awareness of the opportunities to minister to aging persons.

The church should be vitally interested in the field of aging because as an institution with a biblical/historical foundation its history is based on a series of covenants with God who has given meaning and value to human life. A person's age level should not be the determining factor of one's meaning and value in society because most of the individual's inner needs do not change as one grows older. There is still the need for identity, meaning, and love as well as the explicit need for continuity which affirms the individual's worth and value. Society tends to stereotype and categorize the elderly, but the reverse must be considered: as persons grow older, there is tremendous variety in their situations, and they tend to become more distinctly individual. Our society, by its attitudes and actions, has an emotional aversion to the aged. As older persons become less active, they are not always held in high regard by our culture, as evidence mandatory retirement rules requiring people to quit work in order to be eligible for certain benefits. "Such negligence and disrespect are naturally translated into the appalling poverty, sickness, hunger, homelessness, inadequate education and

isolation with which older persons in our country must reckon."¹⁴

Stereotyping and categorizing only heighten the enormity and complexity of the problems of the elderly and their relationship to deep-rooted cultural questions stemming from the values of society. The church is interested not only because the aging have need of others to care for them, but the church needs the elderly to be active in its ranks, providing a fresh and ever-widening vision of the meaning of life — persons, who often by exemplary lives, live as communicators of the Christian faith.

Technocratic society in focusing on the "uselessness" of aging persons only heightens the despair and loss of self-esteem of the elderly. This same society, however, has also taken many constructive steps to utilize the potential of the elderly as well as implementing legislation and industrial practices which have helped make a more orderly transition from active employment to retirement. Religious institutions, through the expression of their concern for guidance and supportiveness, may positively contribute to the important role of religious groups fostering attitudes of respect as well as the intrinsic importance of the aging in their midst.

Distinctive Contributions the Church Has Made

Historically, care has been given the elderly who were infirm and dependent upon others. In centuries past no age limitation was placed on the termination of work, therefore little concern was given the aged

¹⁴The Church and the Aging, (Austin: Texas Conference of Churches, 1974), p. 4. (Position Paper).

unless there was major incapacitation. There was virtually no distinction between those with infirmities and others with similar problems. It followed naturally that the aged were active in religious activities or ministries just as any other age group would be. In more primitive societies the priestly roles were frequently filled by the elderly. Our word "priest" comes from the Latin presbyter and the Greek presbyteros which means "elder".¹⁵

Prior to the nineteenth century religious groups responded to the needs of the aged through charity, almsgiving, and penance. Understanding the historic background of these actions will help in illuminating the practices and attitudes of religious bodies today.

Within the Roman Empire Christianity was a persecuted movement during the early centuries from its inception. A minority movement as well, church membership was drawn from lower classes whom the Apostle Paul referred to as lacking in wisdom and devoid of power or noble heritage.¹⁶ The early fellowship in Jerusalem did the best job it could to meet the needs of its own members on a common-property basis¹⁷ and as the reporting of Luke would have it: "There was not a needy person among them"¹⁸ because the persons who had possessions sold them as the need arose.

Constantine established Christianity as the Official religion and although the church watched the downfall of the Roman Empire, it was

¹⁵"Priest," in A New English Dictionary on Historical Principles (Oxford: Clarendon Press, 1909), VII, 1352.

¹⁶I Cor. 1:26.

¹⁷Acts 4:32.

¹⁸Acts 4:34.

still the primary provider of social services during a charitable period which lasted the better part of a millennium. Monasticism arose during this period to care for human needs. The funding came from tithes, penance, alms, and various religious orders.¹⁹

After the Reformation the social welfare programs were secularized with the result that the secular community began to assume responsibility in caring for the needy when the family could not. In northern Europe the work of the church was separated from the community and state, although the pietistic movement sought to reverse the trend through voluntary funding.

The Jewish community wanted to do something about the special needs of the aged. Dating from the second half of the eighteenth century, old age was regarded as more of a social problem than a problem of poverty. What emerged during this period was a combination of traditional respect for the aged along with a new understanding of society's need to respond to the weaknesses of the elderly. The resultant shift in this change in social responsibility led to the founding of various societies for caring for the needs of the aged. Among these was the Mishenet Zikenim, which translated means "the support of the aged." Founded in Hamburg in 1796, this society provided weekly care for the aged. The development of this emerging concept of the responsibility of society was to play a significant role over the next century and a half, as the Encyclopedia Judaica describes:

An old-age home was founded in Berlin in 1829, and in 1839 the

¹⁹ Paul B. Maves, "Aging, Religion, and the Church," in Clark Tibbits (ed.) Handbook of Social Gerontology, Societal Aspects of Aging (Chicago: University of Chicago Press, 1960), p. 714.

Hamburg community set aside a building for old men and women aged over 60 without means of support. A Viennese family donated several houses for accomodating aged Jews of the community. The number of Jewish homes for the aged increased from the middle of the 19th century, as social care of the aged developed. By the present century most large communities in Europe included a home for the aged (often called Moshav Zekenim) among their welfare institutions. In 1938, there were in Germany 67 homes for the aged with 3,568 beds.²⁰

As America's society became more pluralistic in the nineteenth century, growing Jewish and Catholic areas developed programs which complemented the work of Protestants. With the coming of the twentieth century there existed paralleling patterns in society along with church-related or church-sponsored work. Religious bodies developed a new sensitivity to social needs as the church became more forthright as an advocate in issuing pronouncements.

The social welfare movement of our century absorbed the work of many charitable organizations. Social service work, taking on a new specialization, fostered the establishment of schools and professional societies which set up standards and ethical codes. Following the depression years of the 1930's and the growth of older people's influence in the political realm, government has taken on the sponsorship of most social welfare programs. Although social agencies have emerged in new forms, churches have had to re-examine their relationship and role in social welfare. The decisions and determinations on the part of the church will significantly influence the situation of the aging in the coming years, including the development of social welfare and work programs.

Although secularization has developed rapidly, the church in America still continues to hold an important role in what Gunnar Myrdal

²⁰Haim Hillel Ben-Sasson, "Age and the Aged", Encyclopedia Judaica, II, 348.

terms "the most religious country in the Western world ... "²¹

The problems are great, but the church also has the potential to contribute its values and ideals in the never-ending battle to change patterns which are demeaning and defeatist. In the final analysis this contribution by the church toward the attitudes of society may be the very ingredient for restoring those qualities in life which will find dignity and respect the norm rather than the exception.

The Church Is Elderly

The Texas Conference of Churches position paper, mentioned in the previous section, represents a definitive body of Roman Catholic and Protestant leadership.²² The paper begins with the assertion that the church, instead of being predominantly youth-oriented, is actually more age-oriented. The reasoning is twofold: (1) the church is comprised of an overwhelming number of elderly people; (2) since the aged make up such a vast portion of total membership, they are the ones who preach the gospel.

The extent to which the church facilitates and enhances the activity of the elderly will reflect the seriousness with which it views its valuation of human life.

Donald Clingan, who co-chaired the National Interfaith Conference

²¹Maves, p. 714.

²²Extensive evaluations of three clergy workshops on the Church and Aging held in 1973 in conjunction with the Governor's Committee on Aging, led to the position paper being unanimously adopted as the official position of the Texas Conference of Churches regarding "The Church and the Aging".

on Aging in 1972 and provides leadership for the National Council on the Aging, refers extensively to the opening remarks of the Texas Conference of Churches position paper. The introductory remarks of the paper assert that society by its attitudes and actions in emphasizing productivity, neglects the

real person whom God loves and calls to fulfillment. Fortunately, God's covenant promise does not end at age 65 ... or even at the grave.

So, first of all we wish to underscore the need for the church to be designing and striving and working toward enhancing the ability of older people to be a loving people, active in our elderly church. We need to issue this call, that they take care of us in this way. It asks of them a freshened, everwidening vision of life's meaning, an evidence of the Lord's continued and growing presence in their hearts.²³

Young and old have a vital part in witnessing to the faith, according to the position paper. Were the elderly in the church seen as largely reactionary, there would be a gross distortion of the gospel which is so much more broad than this. Were the aging seen only as pietistical and ingrown, devoid of interest in justice and mercy, this would be a further distortion. The elderly are of crucial importance in communicating the faith.

In its introductory paragraphs the position paper focuses on what has been presented as the thesis of this paper: improving the quality of life for older people as well as recognizing the inherent worth of every individual. The elderly are sometimes referred to as having "graduated". What our society does is push the elderly out, as when aging persons have their work terminated upon reaching what society has accepted as an

²³Clingan, citing "The Church and the Aging" p. x.

arbitrary retirement age. An evidence of the concern about this is senior citizen organizations giving top priority to finding jobs. If our society respected the elderly then those in their maturing years would not need to "prove" that they are still able to contribute in a meaningful way.

God's Gift of Life and Dignity

The valuing of human life is seen in the diverse views of Huxley, Marx, Freud, Kierkegaard, and Niebuhr. Because of such diversified views regarding the worthfulness of persons, there is need for the church to tell its story. This the church does well with the Creation Story which affords a "built in corrective" by relating that persons were created in God's image. The importance of the Creator's action, evidencing our creatureliness and personhood, speaks to the freedom, love, and destiny to which God has blessed his creation.

The cultures of the world should affirm the basic dignity of life. However, there are more than temporary deviations which come from tyrannical rule or exploitation. Life's value far surpasses our comprehension so that once there is a realization of how wonderful the Creator's gift is there may come the wondrous discovery that to be created "in his image" is a gift to share, particularly the diversity of the Creator's handiwork in the unique individuality of each human life.

In disclaiming the very essence of God's creative act, human life may unilaterally proclaim its purpose or individuality apart from the Creator's wisdom. Through the freedom of choice human creation may reject the creative plan of God. Wisdom, however, is well served as life is mysteriously held in awe. To forget the design of God's plan and our

relationship to it is folly.

The biblical tradition bears out the truth that God and his creation are very specially linked, so much so that life's sanctity need not ever yield its place of primacy to whatever would question the importance of its position. Yet, this central perspective is forgotten when persons are not respected. The tendency in our lack of knowledge or wisdom is to not utilize what we already know.

Although aging persons find themselves in very difficult situations today, their intrinsic worth and dignity should not be taken away from them. Their witness is needed, however tragic their situation and however miserably society departs from the intention of a loving God.

The Situation of the Aged

A witness appearing before the U. S. Senate Special Committee on Aging stated: "If you don't die young, you are liable to get old; and if you get old, you had better think about what's going to happen to you!"²⁴ As aging persons confront the reality of living in their maturing years. they are faced with assumptions which have often been made about older people without benefit of introspection or testing. It is indeed a vital concern for aging persons to wonder what will happen to them in their immediate future.

Many of the myths about aging have a very real influence on the lives and situation of persons in their later years. Senator Charles Percy's father was unable to find employment in the depression of the

²⁴Charles H. Percy, Growing Old in the Country of the Young (New York: McGraw-Hill, 1974), p. 7.

early 1930's. With his father's difficulty in securing work, Percy realized at an early age both the problem as well as the potential of aging in America. He further realized that age discrimination is something that has not dwindled away over the years -- it is still a reality confronting older persons today. Myths about aging are still active today just as in years past. Senator Percy lists some of the myths thought to be truths about the elderly.²⁵

A Majority of the aged are disabled. This is not factual when 89 percent of those over 65 live self-sufficient lives. Percy presents figures indicating that 7 percent are incapacitated while only 4 percent live in institutions.²⁶

Mental deterioration and senility are norms in aging. Tests show that comprehension and knowledge does not decline for the average elderly person. Thinking and reasoning abilities increase when such faculties are exercised sufficiently.

The elderly are unable to cope with change. It is older people, however, who must terminate their work, change a way of life, and move to other locales or into smaller residences. Such changes are actually greater than many younger people face.

Sexual activity ceases at age sixty-five. Percy cites an authority in the field of gerontology who indicates that over half of all married couples continue sexual activity and interest until they are 75. For many,

²⁵Ibid., p. 4.

²⁶Ibid.

sexual activity and interest continues into the 80's and past.²⁷ The lessening of sexual capacity is heavily influenced psychologically, largely dependent upon society's attitudes. The elderly who would like to continue to be active sexually, upon experiencing society's disapproval, simply stop. One authority urges: "Let your biology, not your neighbor's, be your guide."²⁸

All older people have the same traits. Several generations are spanned by the aging process. Sixty-year-olds and those who are 80 may have very different characteristics and needs just as people may vary in any age category.

Old age is in the same category as disease. The American Medical Association's Committee on Aging says aging as a disease is non-existent. People are more likely to die of vital organ failure due to infection. The active use of muscles, organs and glands, as well as the mind, inhibits deterioration.

Physical limitations imply functional inability. The falacy in this myth is that many aging persons are able to adjust to the normative changes resulting from aging and as such are able to live vital lives.

James E. Peterson gives six additional misconceptions about aging.²⁹

²⁷ Ibid., pp. 5-6. Gerontologist Edward W. Busse believes 60% of the aging continue sexual activity.

²⁸ Ibid.

²⁹ James E. Peterson in a keynote address for an Interfaith Conference on Aging at the Center for Continuing Education, Rocky Mountain College, Billings, Montana, September 11, 1973, cited by Clingan, pp. 2-5.

Peterson, in listing these myths, indicates that congregations must confront such prejudicial viewpoints as:

The rocking chair myth. This is the viewpoint saying that grandma and grandpa want to forget the world and are content to just sit and rock the time away. The trend by society to categorize aging persons as "useless" merely contributes to such a viewpoint. The compulsion to revert to the rocking chair, heightened by feelings of uselessness, does not come as much from the elderly person's desire to do this as it does from feeling that this is what is expected. The church needs to affirm and stress the God-given usefulness and contribution all persons make, regardless of age.

The senility of mind myth. James Birren, director of the Ethel Percy Andrus Gerontology Center of the University of Southern California, has offered the discovery that vocabulary and conceptualizing increase with age, rather than decrease. Pearl S. Buck's "Essay on Life", written at age 79, is referred to as an example of an aging person's sharpness of mind:

Would I wish to be 'young' again? No, for I have learned too much to wish to lose it. It would be like failing to pass a grade in school. I have reached an honorable position in life, because I am old and no longer young. I am a far more valuable person today than I was 50 years ago, or 40 years ago, or 30, 20, or even 10. I have learned so much since I was 70! I believe that I can honestly say that I have learned more in the last 10 years than I have learned in any previous decade. This, I suppose, is because I have perfected my techniques, so that I no longer waste time in learning how to do what I have to do.³⁰

Senility of mind, according to Birren, results from a lack of attention.

³⁰Ibid.

Then, too, when elderly people are treated like children, the effect is their becoming as children.

The physical incapacitation myth. Robert Peterson cites statistics that 90% of older people over 65 are able to move about, while only 8% need help with their mobility.³¹ Further, that 1% or 2% of all older persons over 65 require institutionalizing for lack of mobility. Persons in their 70's and 80's are able to exercise vigorously. Such activity increases oxygen intake, enhances muscle tone, helps remove body poisons, opens the blood vessels, and improves morale. Being old does not necessarily mean there will be physical incapacitation.

The myth that older people desire disengagement. This myth falsely affirms that older people desire less involvement and vitality in their activities. Many older persons do not wish to disengage from vital activities.

A double amputee living in a nursing home in the Los Angeles area, when questioned about her activity of sending birthday and get well cards to persons in her church, replied: "I ain't dead yet!"³² This shows an active spirit desiring to be useful and wanted.

Many others feel the same way as this active amputee. They desire to make a contribution through various activities. In many instances the church can utilize the services offered: leadership in various offices, providing transportation, involvement in fellowship and study-action groups, being a friendly visitor, participation in telephone reassurance or

³¹Robert Peterson, "Elders Happy in Keeping Trim," Indianapolis Star, (September 8, 1973), column cited by Clingan, pp. 3-4.

³²Ibid., p. 4.

other programs which help alleviate loneliness.

The constant depression myth. It is mythical to believe that elderly people are always depressed. Taken as a group, older persons are neither more nor less prone to depression than persons who are younger. The realization that a new image of aging is possible will help considerably in avoiding depression. When aging persons are active and contributing of time and talent, this of itself will help avoid much depression.

The myth that older persons have neither capability nor interest in public affairs. Margaret Kuhn, convenor for the Gray Panthers, has pointed out that significant political, economic, and social impact results from older persons being actively involved in changing their personal/societal situation through coalitions or other activism in advocacy.³³ A study (1972) reported on by Dr. Robert Peterson indicates that older persons are definitely interested in public affairs.³⁴ Peterson further maintains that 96% of all older people are alert and not senile.³⁵ The challenge lies in the utilization of such a vast reservoir of creativity.

Myths and assumptions flow very freely when the aged are categorized, as the specific areas pointed out by Senator Charles Percy and James Peterson have indicated. Something is basically wrong in any society which does not regard all age levels with respect, dignity, and value. Neglect and disrespect take a heavy toll as the aged are looked

³³Dieter T. Hassel (ed.) Maggie Kuhn on Aging (Philadelphia: Westminster Press, 1977), p. 125.

³⁴Clingan, p. 5.

³⁵Ibid.

upon with negligible esteem.

Robert N. Butler, M.D., a consultant to the U.S. Committee on Aging, in response to the myths and stereotypes surrounding the old, sketched the following picture of old age as held by many Americans:

An older American thinks and moves slowly. He does not think as he used to or as creatively. He is bound to himself and to his past and can no longer change or grow. He can learn neither well nor swiftly and, even if he could, he would not wish to. Tied to his personal traditions and growing conservatism, he dislikes innovations and is not disposed to new ideas. Not only can he not move forward, he often moves backward. He enters a second childhood, caught up in increasing egocentricity and demanding more from his environment than he is willing to give to it. Sometimes he becomes an intensification of himself, a caricature of a lifelong personality. He becomes irritable and cantankerous, yet shallow and enfeebled. He lives in his past; he is behind the times, He is aimless and wandering of mind, reminiscing and garrulous. Indeed, he is a study in decline, the picture of mental and physical failure. He has lost and cannot replace friends, spouse, job, status, power, influence, income. He is often stricken by diseases which, in turn, restrict his movement, his enjoyment of food, the pleasures of well-being. He has lost his desire and capacity for sex. His body shrinks, and so too does the flow of blood to his brain. His mind does not utilize oxygen and sugar at the same rate as formerly. Feeble, uninteresting, he awaits his death, a burden to society, to his family and to himself.³⁶

Butler's cliché-ridden and stereotyped compilation of old age traits, while containing some truth, indicates how inaccuracies, biases, and hostility permeate society's view of the elderly. He goes on to list what he believes are myths and stereotypes surrounding old age: the myth of "aging"; the myth of inflexibility; the myth of "senility"; the myth of serenity.³⁷ In comparing Butler's list with those of Percy and Peterson, there is striking similarity, except for "the myth of serenity." Old age, according to this additional portrayal, is viewed as an adult

³⁶ Robert N. Butler, M.D., Why Survive? Being Old in America (New York: Harper & Row, 1975), pp. 6-7.

³⁷ Ibid., pp. 6-11.

fairy-land. The time has finally come for relaxation and enjoying a trouble-free period, including the rewards for having labored. Contrary to this fictitious serenity there is more stress, so although the aged are able to weather various crises rather remarkably, there are likely to be internal reactions of "depression, anxiety, psychosomatic illnesses, paranoia, garrulousness and irritability ... "38

Depression is seen by Butler as being widespread in later life.³⁹ Besides the more serious depressions related to psychoses or physical causes, there are the more common depressions from physical illnesses or chronic conditions, with reactions which can come from the loss of self-esteem or diminishing social status.

Grief is seen as an experience which may come often to the elderly, along with anxieties resulting from poverty, loneliness, or illness. Butler concludes a brief section on the "Myth of Serenity" by relating two case studies of angry people. The first, Mary Mack, was a woman angry at her doctor for not giving her more attention. This had happened to her before with other physicians. The doctor diagnosed Mary as having hypochondriasis with chronic depression and suggested no treatment. The other person, John Barber, was an old black man who had worked hard through the years for low wages. Since retirement he refused to do anything. Sitting on his front porch he expressed his pent-up anger, quite unlike his mild demeanor of earlier years. Barber goes into "vicious detail" of what he plans to do to people. A social worker tells the

³⁸Ibid., p. 10.

³⁹A contrasting view from Peterson, who maintains that the elderly as a group are neither more nor less likely to be depressed, as discussed earlier in this chapter.

family that John is "psychotic", but as the case study concludes: "Mr. Barber was not insane; he was angry."⁴⁰

Robert Butler's volume on the survival of the old in America considers the situation of the aged by asserting that old people have waited too long for the facilities, programs and services which they need. Butler is concerned that governmental and voluntary services are denied to the aging. Eligibility for minimal services will often come after there is total impoverishment or serious illness requiring hospitalization or institutionalization. The kinds of services which the old need are listed by Butler in ten categories: information and referral; home health; nutrition; drugs; transportation; communication (telephone, radio, television, newspapers); legal; protective; tax; and recreation.⁴¹ Eight of these needs involve financial considerations, while seven of the services closely involve health and nutritional conditions.

The Texas Conference of Churches position paper lists twelve problem areas faced by older persons believed to be of sufficient magnitude to warrant serious attention: low income; unemployment; poor health; poor vision; hearing impairments; injuries; malnutrition; mental disease; housing; institutionalization; continued learning; and lack of transportation.⁴² Eight of these problem areas are health-related needs and seven involve the economic realm of aging. For example, adequate transportation needs to be properly coordinated in order for there to be availability of food for nutrition or proper medical care.

⁴⁰Ibid., p.11.

⁴¹Ibid., pp. 141-157.

⁴²"The Church and the Aging", pp. 4-7.

Because of the financial consideration in so many of these problem areas, eligibility for necessary services should be independent of income. Where necessary, progresssive fee schedules could help the poor who generally pay more proportionately than those with money.

The image of welfare recipients as shiftless or lazy able-bodies still persists. This only hinders the provision of services to many needing them.⁴³

What can be done about all of these problems confronting the elderly? A guaranteed annual income or universal pension system may eventually help with the elderly's serious financial picture, but the major thing to do would be to outlaw mandatory retirement on the grounds of age. Such an action would appreciable help the economic plight of many of the elderly.

Robert Butler, in recalling the turmoil of the 1960's and '70s in the areas of race, sex, class, and to a degree, age, urged the formation of a citizens' committee of inquiry to convene in Washington, D. C., during the nation's bicentennial year, to give serious consideration to auditing governmental implementation of the 1971 White House Conference on Aging recommendations, revising recommendations so that old age problems could be resolved, reviewing the federal budgets in order to compile information on the incumbent administration's commitment to the aged, and encouraging presidential aspirants to present programs designed

⁴³Butler, p. 162. Butler reports the median age for recipients of Old Age Assistance in 1960 as being four years older than the rest of the population age 65 and over. The average age was 76.4 with two-thirds being women and largely widowed. Three-quarters received no help from children; 20 percent were confined to home; and 8 percent were bedfast.

to help the aging.⁴⁴ A summarization by Butler included the following goals for a national policy on aging:

Reordering of priorities; creation of a White House Office on Aging; elimination of malnutrition and poverty among the elderly; provision of choice in housing; the right to work; the right to social roles; provision of continuing and life cycle education; freedom of mobility; protection from crime; supply of comprehensive services; creation of decent health and social care; support of social utilities in place of commercial nursing homes; the right to mental-health care; and basic and applied research.⁴⁵

In the meantime, government and voluntary efforts are seeking to meet many of the needs of the aged through greater utilization of the elderly in various work programs with economic help as one of the primary purposes, neighborhood senior centers providing opportunities for friendship and help, nutrition programs being offered in many of these centers or in churches providing nutritional meals at low cost, community outreach activities helping to find those persons who are lonely or isolated, the promotion of continuing educational opportunities, and increasing the transportation services for both urban and rural areas.

These efforts, important as they are in helping reduce the problems, are not enough because of the sheer size of the problem. Society's attitude, often culturally ingrained, is often a contributing factor in degrading the elderly. Action by the government and an alert and concerned citizenry will help to some degree, but the solving of the problem will come only through the reorientation of values by society. Since a society may be judged in light of how it regards its youth and how it cares for its elderly, American society not only stands seriously lacking but has almost the poorest attitude of the industrial nations toward the

⁴⁴Ibid., p. 350.

⁴⁵Ibid., pp. 350-355.

aged. There is a fundamental alienation between youth and the elderly. Society's basic structure stands in need of review as well as the place of the church in the whole problem.

Analyses Suggesting the Need for Change

A lack of knowledge and insufficient contact with aging persons has led to stereotyping and myths surrounding the lives of older people. Robert N. Butler, M.D., a noted gerontologist and psychiatrist, has written a definitive work on being old in America.⁴⁶ The book is significant in that it is a public-policy statement pleading for the altering of values surrounding the treatment of aging persons. His book balances the grim reality of what it is like to be old in America against the pieties that would deny that reality. Butler was the first person to coin the word "ageism",⁴⁷ describing it as

a process of systematic stereotyping of and discrimination against people because they are old, just as racism and sexism accomplish this with skin color and gender. Old people are categorized as senile, rigid in thought and manner, old-fashioned in morality and skills.... Ageism allows the younger generations to see older people as different from themselves; thus they subtly cease to identify with their elders as human beings.⁴⁸

⁴⁶As Butler's book went to press in 1975 the desperation of aging persons had significantly increased within the preceding year: food prices had risen 15 percent, fuel by 45 percent, housing 12 percent, and health costs 50 percent. Social programs were facing the threat of cutbacks, Social Security programs were threatened as inflation and recession combined to complicate the situation of older people, See Preface, pp. xi-xiii.

⁴⁷Ibid., p. 11. This was done in 1968 at a time when there was stern opposition to acquiring a high-rise in the nation's capital for public housing for the elderly. The controversy is described in Carl Bernstein's article, "Age and Race Fears Seen in Housing Opposition", Washington Post, March 7, 1969.

⁴⁸Butler, pp. 11-12, citing Robert N. Lewis and Myrna I Lewis, Aging and Mental Health: Positive Psychosocial Approaches (St. Louis: Mosby, 1975).

The manifestation of this viewpoint toward older people makes it easier to ignore their social or economic plight, as well as for society, which places great emphasis on productivity, to find little use for the non-productive.

Individuals as well as institutions perpetuate the phenomena of ageism — "stereotypes and myths, outright disdain and dislike, or simply subtle avoidance of contact; discriminatory practices in housing, employment and services of all kinds; epithets, cartoons and jokes."⁴⁹ Society may through its actions or viewpoints of ageism avoid its responsibility to the elderly. Then again, the younger persons in a society (usually middle-aged) use ageism to avoid such emotionally charged areas as aging, illness, and death.

A blatant example of ageism is cited by Butler in a Rand Corporation study reporting on "The Post Attack Population of the United States."⁵⁰ The import of the study suggests what to do with "old people, chronic invalids, and the insane in the event of nuclear war."⁵¹ The study recommends that in such a catastrophe those surviving would be better off without their "old and feeble members." According to the report, the suggested way to bring about a policy which would be morally questioned, but socially beneficial, was simply to do nothing at all. Another approach might provide Medicare for those under 15 years of age instead of those under 65.

⁴⁹Butler, p. 12.

⁵⁰Ira S. Lowry, Memorandum RM--5115-TAB, prepared for Technical Analysis Branch, United States Atomic Energy Commission, Santa Monica, CA: Rand Corporation, December, 1966, cited by Butler, pp. 12-13.

⁵¹Butler, p. 13.

The government would not try to stop relatives or friends from providing care to old people, but the end result of a policy of inaction is fairly clear since "overall the share of the elderly in the national product would certainly drop."⁵² The frightening thing in all of this is that the Atomic Energy Commission expressed satisfaction with the Lowry Memorandum as submitted, indicating that abandoning the elderly in such a crisis was not beyond consideration.

As life is lived meaningfully the fear of death will not loom as the great problem in existence as much as life that is meaningless and absurd. What basically needs changing in American society is the attitude or assumption that negatively regards the elderly as meaningless and absurd, thus hindering the use of the senses, intelligence, creativity, and the enjoyment of loving others as well as oneself. As this change is made then persons can more readily accept

each generation's taking its turn on the face of the planet if they are not cheated out of the full measure of their own turn. The tragedy of old age in America is that we have made absurdity all but inevitable. We have cheated ourselves, But we still have the possibility of making life a work of art.⁵³

Several possible areas of change are suggested by the Texas Conference of Churches position paper for society to examine its concept of aging and its clash with Christian values.

Expanding the concept of aging. Social scientists and scholars in related fields have over the years lowered the age when persons are thought to be officially "aged". Rather than being a specific period in

⁵²Lowry, p. 123.

⁵³Butler, p. 422.

life, aging is a condition which continues from birth. All adults have "come of age," and after age 26 people continue to develop, although the rate of renewal of the cellular structure follows a downward curve with 100,000 brain cells dying and atrophying daily without replacement.⁵⁴

There are various amenities which accompany aging: "perspective, prudent confidence and judgment, experience, compassion, a trained piety, self-control, a practiced use of physical abilities, understanding and seasoned humor."⁵⁵ These virtues, as well as the commonly recognized frailties, help us to recognize that human development is an elongated process, not limited to a specific stage.

Retirement brings its trauma as society delivers its judgment that one's usefulness has ended. Often those reaching the retirement years feel they are more a burden than a contributor. However, through inner resourcefulness one may learn to cope creatively with the arrival of retirement age.

Youth, on the other end of the age spectrum, is not without its sadness and anxiety. Every stage of normal human maturation is subject to negative conditions which may in turn be met with creative response.

What could possibly be the rationale for dreading the passing years and under-valuing one's self-worth since our human finiteness is part of the creative plan of God? As children of the Creator an eternal hope is given our spirits which marvel at the creative design of God and the process which fulfills the Creator's meaning.

The challenge, therefore, is not only for adults to broaden the

⁵⁴"The Church and the Aging," p. 8.

⁵⁵Ibid.

common concepts of aging, but to joyously and wisely use the total process by claiming the various stages of life as "a continuum of opportunity for learning, sharing, accomplishing, and loving."⁵⁶ This view of aging goes beyond seeing personhood in merely economic terms, or regarding the aged as meaningless left-overs. "Just to be is a blessing. Just to live is holy,"⁵⁷ said a rabbi in an appreciative overview of life.

Our society resorts to a great deal of pretense to avoid coming to terms with aging. However, when aging is viewed more honestly, we will neither seek to gloss over the difficulties of the elderly years nor pretend that the process does not exist. Such an approach only creates an unnatural curvature in viewing the totality of life, bringing loss rather than enjoyment.

It is unfortunate that such a high premium is placed on being independent. Such an outlook destines many persons to frustrating disappointment. While all persons have a degree of dependency, when independence is viewed as virtuous there is the tendency not to want others to rely on us. The usual emphasis of independence gives way to a more creative view of interdependence as members of the human family express concern for one another. Such an expansion of the concept of aging will contribute to the celebration of life more in keeping with the creative process of God. The result will be a more celebrative response to the totality of life.

The Rift between cultural norms and Christian faith. A set of

⁵⁶Ibid., p. 9.

⁵⁷Ibid.

utilitarian norms contributes to many of our culture's values. Some of these values are worthy of individual espousal, such as achievement, independence, hard work, intellectual growth, and education. Others, however, are more on the discriminatory side: productivity, material gain, scientific and technological sophistication. Collectively, these norms or values are often held in patterns which contradict values of the Christian faith. An example of a contradictory norm is the cultural presupposition that to be worthy of power or capable of productivity one must be over 30 and under 65.

Since it is possible to distort the Christian gospel culturally, the values which Christ taught need to be constantly lived as well as shared. An imbalance of either the spiritual or the physical can work detrimentally.

The opportunity to review the relationship between culture and gospel as related to aging prompts the conclusion that

it is time for us to contribute to a critique of the present situation rather than to tolerate or undergird the status quo. The status quo, we believe, is but a Latin term for the mess we are in together.⁵⁸

A key issue in the relationship between culture and gospel is in the reorientation of life's overview away from the primacy of the economic, to the value and placement of human life as more important than the productivity of material acquisition.

There are spiritual joys which cannot be purchased. Christian service, while having its sacrificial aspect, embodies that superior joy which is not a purchasable commodity. In the meantime, society does not

⁵⁸Ibid., p. 11.

make for an easy acceptance of the claims of Christianity, nor does society make it easy to live the Christian life. Pleasure is given maximum emphasis and difficulty is minimized. Aging is not thought of as desirable, while society largely plays down or avoids death. The dream of affluency, therefore, is a contradiction or myth when there is large-scale poverty or oppression.

The invitation to follow Christ and to take up his cross is far from a "cop-out". True, life is not the "bed of roses" or "bowl of cherries" which a glossing over might contend it to be. When life is honestly faced as a struggle there is a very special joy through rendering devoted service. The question is always, "to what end or purpose is one's life given or dedicated?"

Since the church lives within society, there is an immense task in calling for a more humane social system. The church cannot escape unscathed from its judgment upon the social order, for it sees its own compromises and shortcomings in overemphasizing a work ethic or free enterprise while ignoring values or needy persons. The crux of the serious rift between the Christian religion and the values of our culture is described by the contention that

our present way of life distorts rather than supports our ability to lead Christian lives fully. To attempt to meet the massive challenge presented to us today relative to the aging without seriously challenging and overhauling our economic system would be naive and self-defeating.⁵⁹

It is possible to reverse the trends which de-value human life, for one of the basic tenets of the gospel is that people and societies can

⁵⁹Ibid., p. 12.

change. The rediscovery of that fact, of the gospel itself, would be refreshing indeed.

Summary Conclusion

A new sensibility must be developed to confront ageism. Instead of the terminology which negatively describes old age, either a new and respected status could be given some of the less objectionable names (like "elderly" or "old") or a new name could be used such as the Abkhasians do in Russia with their usage of "long living" instead of "old".⁶⁰ Only a massive effort can begin to reverse the situation of the aged today. The evaluation of this position is itself open to question should the data or deductions be inaccurate. It is indeed a serious asking to call for society to make sweeping revisions in its social structure.

The problem of aging in our nation can be correlated with other societal problems. Priorities and dedication call for the re-examination of the confusion in public, private, and religious value systems. The power of Christ and those who comprise his church gives us the conviction and assurance that the mode of fatalism will not prevail. Difficult decisions involving individualism and the economy will need to be made. There is the position postulated by some political sociologists that significant social change will not come unless our own individual self-interest is served. For Christians a wider view is necessary, one which takes into consideration adequate justice, dignity, and individual value, as well as the freedom for persons to act out their salvation. The

⁶⁰Butler. pp. 418-419.

responsibility is more than positional, but one of utilizing the strengths within the family of persons.

Although there is considerable diversity throughout the ecumenical community, the churches share a solid rootage and common tradition which provides a deep sense of hope. Several evidences of this hope are the basic respect for values and for life. Regardless of denominational differences, the church stands in need of being itself even as it calls all Christians to affirm the primacy of Jesus Christ in their lives. Life and hope are precious gifts, along with the call to act now.

The call to action involves questions which cannot be evaded, for the church is responsible in giving both a present and an eternal answer. Since a great number of aging persons are involved in the life of the church, it is necessary to evaluate their relationship to the total structure. As the question of aging and meaning in life is continually raised, it becomes disturbingly clear that "the state of the aged is unacceptably demeaning, discrediting values which both church and nation profess."⁶¹ The challenge, therefore, for the church to show its vital interest in the field of aging is that it "be now" and "come of age".

The church is in the position to help formulate a theology of aging as it contributes to the genuine fulfillment of older persons. Faith needs to be relevant and realistic, encompassing such points as confronting loss and suffering; pursuing a more meaningful fulfillment in life, not necessarily in longevity, but in the dimension of depth; emphasizing the importance of self-respect which accompanies vocational meaning and

⁶¹"The Church and the Aging", p. 18.

responsibility.

The theology of aging, according to Seward Hiltner, basically begins with the ability to face loss as loss.⁶² The individual is fortunate to be able to deal with the fact of loss. Throughout the years of religious training there has never been a final answer to the question of pain and suffering. The church, however, may assuredly point the direction and lead the way for confronting the problem and giving assurance that there are spiritual resources to meet the need.

While Hiltner adds to his thesis of confronting loss despite suffering by speaking of fulfillment as free and spontaneous,⁶³ his position does not distinguish between loss through aging or disease and the more subtle though ever as devastating loss through thievery or repudiation. This is a distinction which needs to be made because as aging becomes more and more apparent, devastating reactions will occur unless there has been preparation and provision.

David Peretz, in speaking about loss in general, gives four varied forms: significant loved ones; aspects of the self; external objects; and developmental loss.⁶⁴ Peretz's reference to aspects of the self is perhaps the closest area to loss through repudiation, since he elaborates upon one's feelings about self-worth and lovability. The fourth area regarding developmental loss also speaks to this same point

⁶²Seward Hiltner, "Organized Religion and the Older Person," Institute of Gerontology Series, VIII (April 1958), 4.

⁶³Ibid., p. 6.

⁶⁴Joseph C. Rowan, "Loss and Grief in Growing Old," New Pulpit Digest, LVII (May-June 1977), 9.

as it describes the diminishing of various physical traits followed by the devastation which comes from loss of pride, self-esteem, and dignity.

Unless the aging are able to distinguish between the distortions contributing to the dread of aging, they are likely to find themselves viewing society's attitudes of "youth is everything." John Wesley's use of "the best is yet to be," a quotation from Robert Browning's "Rabbi Ben Ezra," is an honest statement of a person who had confronted loss in his life, and then was successful in redirecting his own destiny to new depth and intensity. It is a sobering thought for us, however, to realize that neither society nor the ecclesiastical structure of Wesley's day required him to put on his retirement slippers at age 65. The distinction for such an arbitrary chronological absurdity was to come later from Germany's Bismark.

While no other institution has the opportunity and challenge to perform such a specialized ministry as the religious community, churches still need to be mindful of the danger in assuming that secular agencies can solve the security problems of older people. Churches may want non-church agencies to suggest programs or needs which require attention, but the churches should take the initiative to move into the area of spiritual needs. Although it is necessary to look after such physical needs of aging as feeding, dressing, or provision for a place to sleep, almost any non-church agency may fulfill such needs. Political and economic pressure groups may contribute to or further public opinion and programs which will help meet the needs of the elderly. But how is the need of the older person to be met when the individual desires a relationship to something outside the person --bigger than society and able to help the lonely through caring about the human condition?

The church has within its hands and hearts the resources to help meet the human condition, to provide for and nurture growth, and to make older people feel secure, also as Henri J. M. Nouwen affirms, it is that significant difference that God's acceptance makes when there is genuine caring and aging becomes "a way to the light."⁶⁵

The enormity of the problem of aging is formidable. To the degree that it has taken on the proportions of an abcess, it needs lancing and medication to work on the infection. Herein is an application of my thesis: to the degree that society does not regard the older person with dignity, there is deep need for the pastoral and congregational ministry of the church to take a vital interest in the aging, doing what it can do best, to reverse the trend.

⁶⁵Henri J. M. Nouwen and Walter J. Gaffney, Aging (Garden City, NY: Doubleday, 1976), p. 51.

CHAPTER III

MEETING THE NEEDS OF THE AGING

To determine the basic needs of aging persons, many of the myths about the aged (already mentioned in Chapter II) will need to be confronted.

There is still much to learn about aging, as will be seen in the section in this chapter on gerontological research. American poet Ralph Robin interestingly presents what should be self-evident in the reminder that growing old is one of the psychological aspects of aging:

Ladies and gentlemen, in certain instances death
Is preceded by old age.¹

Denial of the aging process, the fear of growing old, and the distaste and bitterness of the later years all contribute toward a view of aging which is declining and non-redemptive. Growing old, under this view, is in the realm of an absurd and devaluing time of life with little to recommend it.

Careful research will help give a better understanding of the needs, attitudes, and desires of the aged.

R. N. Butler suggests that when more is known about "the great themes of old age --death, time, change, grief, loneliness, despair"² then future action in research will have a guide to follow in contributing to the well-being of the elderly.

¹Ralph Robin. "The Nursing Home," Southern Humanities Review, VII (1973), 420.

²Mina Field, The Aged, the Family, and the Community (New York: Columbia University Press, 1972), p. 238.

Gerontological Research

In speaking of the development of behavioral and social sciences in the field of psychosocial gerontology, John E. Anderson mentions three mutually exclusive groupings: contrasting (1) the philosophical emphasis in considering human behavior with the empirical approach of observation and experimentation, (2) the recording and classifying of age changes as compared to explaining the changes by analyzing the underlying causes, and (3) emphasis on the nature of the aging process as differentiated from concern about how to care for aging persons after the changes have taken place.³

Anderson continues by commenting on interdisciplinary areas of interest within the fields of psychological and social gerontology. Much of what is now known about aging came about more as a by-product than as planned research. Even so, there are various specialized areas in research within gerontology. Anderson lists the following: polling and interview techniques; age changes in perceptual, motor, and other psychological processes; intelligence; personality tests; learning and education; retirement; self-help; social behavior; housing; institutional organization and management; working studies within departments and agencies; and national and cross-cultural surveys.⁴

A conference on Planning Research was held at Bethesda, Maryland, in 1955, with Anderson later editing a book about the proceedings. After

³ John E. Anderson, "Research on Aging," in Ernest W. Burgess (ed.) Aging in Western Societies (Chicago: University of Chicago Press, 1960). pp. 355-57.

⁴ Ibid., pp. 371-373.

indicating the profound social change resulting from the increased longevity of life, the increased percentage of older persons in the population, and the large numbers retiring at earlier ages. Anderson indicates the methods of research on the mental and social adjustment of the aging during this period of significant transition: sampling; census; longitudinal studies (selecting specific age groupings); securing data from tests and experiments, observational and behavioral studies, products left behind after death, and autobiographical material; and last, the use of animals in experimentation because of shorter life spans and control conditions.⁵

Gerontological research has found cultural, scientific, and practical reasons for considering the psychological aspects of aging as related to mental ability. Cognitive development as related to aging has not always received thorough consideration from researchers. More evidence is needed regarding adult trends in mental ability in order to give additional foundation to data gathered in childhood studies. James E. Birren sought to correlate age and employability to a person's trainability. Various factors involved the aging person's health, responsibility and functioning. Behavioral slowness in the aging, according to Birren, appears independent of disease. The cerebral cortex is likely associated with vascular disease and influences the retention of information.⁶ The conclusion, therefore, is that "the average person growing older in our society need not expect to show a typical deterioration of mental

⁵John E. Anderson, (ed.), Psychological Aspects of Aging (Washington: American Psychological Association, Inc., 1956), pp. 269-272.

⁶James E. Birren, "Psychological Aspects of Aging: Intellectual Functioning," Gerontologist, VIII (1968), 19.

functioning in the later years."

Birren reasons that when there is impairment of mental functioning there will be a correlation between the person's health and characteristics, instead of expecting the individual to be in a specific category because of age. When health is reasonably stable, aging persons may expect to have functional control over their intellectual faculties past the age of 80. It is not possible to know how many persons might be in this category because there are no studies providing such information. While there is a slowing in the mental response speed, there is no evidence to suggest that general mental ability will decline. The changes which do occur show a close relationship between speed-response and retaining verbal information.⁷

In the future, it is hoped, life sciences will hopefully work more closely together to determine the effects of vocational calling, economic status, and the pattern of intellectual functioning. The time has yet to come when the aging person will be categorized regarding mental capacity. Still, very little is known about the deterioration of the intellectual functioning of the elderly in proportion to specific groups in the population. A vast area appears to await future study about how persons age psychologically. Whatever groundwork has been done in the field of the psychological aspects of aging will have served the purpose of pointing out the importance of the individuality of persons.

As surveys are conducted and data collected related to the practical problems of the aged, it is likely that scholars and scientists will

⁷Ibid.

continue to co-operate in future research across national and cultural lines, sharing and interchanging information which is of psychological and social significance. John Anderson makes the following observations about the future direction of research on aging:

There will be more focus on the problems of the chronically ill than on psychological and social adjustment.

Every nation will continue to accumulate knowledge about the care and handling of the aged. More accurate knowledge would help in assessing the status of older persons, their resources, potential and techniques affecting dependence, independence, learning, and adjustment.

In many countries, including the United States, the scientific study of aging has yet to materialize substantially. Relatively few psychologists and sociologists are devoting themselves to the problem of aging.

Each nation approaches its problems in light of its traditions and scientific emphasis. There can still be a substantial amount of sharing and interchanging information between nations.

Standardized survey techniques have been helpful in gathering statistical and scientific information from various nations and cultures.

Financial support is needed to do research in the psychological and social areas of aging.

In both the practical and theoretical problems of aging persons it has been difficult to actively involve researchers at the university level. One approach to remedy this situation has been the establishment of institutes, often with substantial governmental funding to encourage the coordination of research efforts.

There is the need for advanced students and younger scientists to devote research in a growing field as scientific literature increases and problems emerge.⁸

Two main theories of the aging process have emerged during the last twenty years as gerontology has rapidly developed under the close scrutiny of science: the "activity theory" and "disengagement theory." Neither theory seems to have won the upper hand, probably because neither position has documented enough cases to give sway to its viewpoint.

The activity theory emphasizes the social structure of American

⁸Anderson, "Research on Aging," pp. 375-376.

society, contending that there is a distinction between "(1) what might happen to all aged persons because of the socially-patterned nature of the life cycle, and (2) how persons react both overtly (behavior) and psychologically (attitudes) to later life cycle changes,"⁹

In seeking to understand the position of the activity theory it is important to apply it to a person's self-concept. As we interact in society, our identity and self-esteem emerge. Societies which have well-defined age-statuses tend to categorize by clear roles of prestige. Societies without such distinctions do not clearly define such groupings. The result of such activity theorizing has led Jaber Gubrium to observe that in the United States:

1. Old age roles are not clearly defined.
2. Social situations facing old people ... are not well-defined and therefore tend to be anomic.
3. Persons growing old and entering such situations face severe adjustment problems since they leave well-defined roles and enter 'undelineated ones.'
4. When no well-delineated, socially-meaningful role is substituted for a previously meaningful role then persons internalize this condition. This leads to alienation and 'maladjustment' ...¹⁰

To resolve the problem, raised by the activity theory's delineation of aging, requires our determining what constitutes meaningful roles for America's aged. The activity, or implicit theory emphasizes work or productivity rather than creative expression. There is more concern for the individual's self-respect in the activity theory's approach since continuing productivity is urged. The drawback in this approach, however, is in equating self-respect with productivity, as though an

⁹Jaber F. Gubrium, The Myth of the Golden Years (Springfield, IL: Thomas, 1973), p. 4.

¹⁰Ibid., p. 6.

individual's usefulness or ultimate value could be determined by such criteria.

The disengagement theory offers a definite alternative to the implied theory, stressing that "aging is an inevitable mutual withdrawal or disengagement, resulting in decreased interaction between the aging person and others in the social systems he belongs to."¹¹ The withdrawing of decreased interaction may be initiated by the individual or by others. Such disengagement will find an increased preoccupation on the part of the aging person with one's self. Upon the completion of the process there will be a greater distance in relationships between the individual and the social structure.

In essence the disengagement theory sought to help explain research findings which were not amenable to the common thinking that older people desire to want the same level of social involvement they experienced in their middle years. As older people were moved out of their social involvement, those who peacefully accepted the diminished associations were thought to be "adjusted persons."

The main aspects of the disengagement theory, besides applying to the aging process in all societies, include:

1. Mutuality—persons do not act or construct as much as they carry out a normatively defined mutual disengagement with others.
2. Inevitability—the system's as opposed to personal needs and interests are dealt with, systemic needs inevitably being fulfilled.
3. Universality—all social systems, if they are to maintain equilibrium, must necessarily operate so as to disengage from the elderly, disengagement being a function prerequisite to social stability.¹²

¹¹Elaine Cumming and William E. Henry, Growing Old: the Process of Disengagement (New York: Basic Books, 1961), p. 14.

¹²Gubrium, p. 20.

The disengagement theory helps us look at what is currently happening in society since a great deal of emphasis is placed on measuring success by achievement and efficiency. Cumming observed a most orderly withdrawal by aging persons, describing the mode by which the new equilibrium functioned.

In the first place the organization of modern society requires that such competition for powerful roles be based on achievement. Such competition favors the younger because their knowledge is newer ... If Americans are to remain engaged in any serious way past the seventh decade, as many observers insist they must, roles must be found for them that younger people cannot fill. Only an elaboration of available roles can accomplish this because it is impossible for a society organized around standards of achievement and efficiency to assign its crucial roles to a group whose death rate is excessively high. When a middle-aged, fully-engaged person dies, he leaves many broken ties, and disrupted situations. Disengagement thus frees the old to die without disrupting vital affairs.¹³

Neither the activity theory nor the disengagement theory provide the most desirable rationale with which to meet the problem of aging. The hypothesis of the disengagement theory accepts without question industrial society's determination of usefulness as dependent upon productivity. According to this theory self-respect comes from rather docilely accepting the assigned role.

The activity theory, claiming to agree with the disengagement theory's nature of usefulness, makes the significant effort of equating a person's productivity with self-respect. Although the activity theory encourages the maintenance of self-respect through productivity, it holds that the ultimate value of usefulness is dependent on one's energetic action. This is a continuing equation of self-respect with usefulness and

¹³Elaine Cumming, "Further Thoughts on the Theory of Disengagement," International Social Journal, XV (1963) 377-393, cited by Gubrium, p. 22.

value as a product of industrialization.

Since the present theories have not been seriously questioned, largely due to society accepting a value orientation which is basically technocratic, a limitation is placed on the realm of human existence by equating today's applied sciences with cultural achievement. To suggest a different system threatens the whole cycle. The question to ask is why is it assumed that usefulness is more important value-wise than self-respect? Whenever a person's self-esteem is challenged on the basis of productivity, whenever the deValuing process has been given approval, whenever the status-quo has not been questioned, then self-respect and the intrinsic importance of aging persons has been relegated to second class citizenship.

Personality Needs

Although the enactment of social security freed many families from fully supporting an aging person, continuing financial assistance in some measure is often a necessity when nursing care is needed over an extended period. A variety of other services are often met by the family when such services are unavailable from other sources.

Families are an important means of providing the warmth, affection, personal support and structural fabric which mean so much to the aging. Many of those who do not have this supportiveness are able to find it in neighborhood or social groups. Some older persons are able to remain in their homes for many years because of the help rendered from a network of neighbors and friends. A helpful and often decisive factor in such instances is the strong roots from having lived in a community for many years.

In seeking to meet the personality needs of the aging there has often been a struggle with the issue of senility. Senility means different things to different people. Some see the elderly as frightened, slightly gravy-stained, confused, easily irritated, often forgetful, difficult to reason with, and bothersome in recollecting events long past while unable to remember more recent happenings.

Younger people may be highly annoyed by the elderly living in the past or in hearing the repetitious telling of anecdotes. Such intolerance is seen as rejection and hostility with the senile oldster retreating more deeply into the only realm in which he or she feels at ease -- the past.

It is difficult to pinpoint the cause of senility. A number of old persons are fortunate to escape it. Several medical causes are known to bring on senility, but arteriosclerosis, the progressive narrowing of the cerebral arteries, probably is the most common cause. Constriction inhibits the blood supply to the frontal lobes of the brain. An important exception to this is Alzheimer Disease, mentioned by Dr. Robert H. Moser, a past president of the American Medical Association, and until recently a practitioner on the Island of Maui in Hawaii. Moser states that Alzheimer Disease is one which does not include any brain abnormality or progressive degenerative disorder.¹⁴ This unusual lack of pathological explanation for the symptoms of senility has led some experts to believe that the infirmity is psychologic in function. Some

¹⁴Robert H. Moser, M.D., "Materia Medica: 'Senile Person Gradually Retreats into His Own World,'" Maui News /Wailuku/ (February 18, 1976) Sec. II, p. 1, cols. 1-2.

persons possibly wither in spirit as well as in body when their creativity and productivity has diminished. The "vital force" of usefulness is lost.

Moser suggests that if the cause of senility is due to the "retirement blues" then the best defense is to continue working and postpone retirement. Recent legislation in the United States extends the retirement age to 70, but this does not mean that all areas of employment will readily embrace such an extension. Should a wide acceptance of a later retirement age not materialize, then the next best defense is to prepare early in life for the days when inactivity will be largely enforced.¹⁵

Moser concludes that financial independence and lack of dependence on children or the state for food and housing needs will greatly prevent the loss of self esteem which is a prelude to senility.¹⁶

In what could be termed "an ordeal of love," Mark Jury and Dan Jury have photographed and written about their grandfather, Frank Tugend, a man who wished to die with dignity. The Jury's book, Gramp, is an extraordinary record of one family's encounter with senility and death.¹⁷ Senility is seen as destroying pride as the sense of self-sufficiency is gradually surrendered.

One day Frank Tugend parked his car in the garage, never to drive it again. The family learned later that a friend had come upon Tugend sitting in his car, confused and unsure of how to return home. Because of

¹⁵ A position presented by Bert Kruger Smith, Aging in America (Boston: Beacon Press, 1973). See Chapter V, "How the Individual Can Prepare," particularly sections on "Mental Health Principles," pp. 120-124, and "Some Retirement Patterns," pp. 124-137.

¹⁶ Moser.

¹⁷ Mark Jury and Dan Jury, Gramp (New York: Grossman, 1976)

embarrassment at the time the friend had not told the family about the incident. Other incidents were to follow: embarrassment at home when Tugend could not recognize members of the immediate family; removing light bulbs and door knobs and hiding them; dressing in layers of clothing, including his wife's red velvet housecoat, or undressing completely about the house; visiting with a friend at a carnival and insisting that he would bring his mother along when he came over to play cards (when the mother had been dead for decades); inappropriate remarks to a granddaughter's friend who was already self-conscious about her weight: "Sure hate to have you sit on me."¹⁸ There was more of the same to a retired woman teacher when Tugend inquired whether or not the lady had been quite a football player.

Love is returned to the grandfather who had given a large measure of love throughout his life. While planting the garden, Tugend admits that he does not know the people around him. Until that time his grandson had thought his grandfather's antics were senile traits, but then it was realized that it could not be predicted what the grandfather would do next. This time Mark Jury did not know what to say to his grandfather, but when Gramp asked Mark to stay with him, Mark replied that he would.

After a three year period of every conceivable kind of problem about the home, including the grandfather tearing his room apart most every night, Frank Tugend decided he did not wish to live any longer. He took out his teeth, saying he would have no more need of them, and gave them to one of the grandsons. At that time the family thought Gramp would

¹⁸Ibid., p. 21.

simply eat when he got hungry, but that was not to be the case, for three weeks later to the day Tugend was dead. In the interim someone needed to be with the old man constantly. Once one of the grandsons sought to slip from the room, but Tugend's fingers quickly embraced the boy's hand as he tried to withdraw it.

The photographs in Gramp capture the strain the family goes through trying to keep the grandfather out of a nursing home. Tugend had only been to a doctor once in his life, and that for a sprained wrist. The family, though having serious discussion about what to do, decided by "not deciding" regarding hospitalization and hooking Tugend up to intra-veinous and other life-sustaining apparatus. There was a family consensus that if the pain became too intense they would obtain medical treatment for Gramp at home. Earlier, Dr. Ben Kline, the family physician, had explained hardening of the arteries to the Tugend family, prescribing a tonic to help Gramp's circulation. During an office visit which indicated the elder Tugend's deteriorating condition, Dr. Kline asked Tugend for the name of the President of the United States, the month and year, and for the name of the person who brought him to the doctor. As Mark Jury noted: "Gramp had flunked time, place, and person."¹⁹

After the funeral directors took Tugend's body out, Mark Jury thinks back over the babysitting, the incontinence, the hassles, the diapers — and how the lives of the family had been so engrossed around the grandfather's room. The room was empty now, and grandson Mark expressed his feelings:

¹⁹Ibid., p. 39.

Surprisingly, I felt no overwhelming sense of relief that Gramp was gone; instead, a tinge of emptiness, a feeling that we would miss the craziness he brought into our lives --but, most of all, I felt an enormous amount of respect for this tough old coal miner. "You pulled it off, Gramp," I thought. "You really pulled it off."²⁰

The "craziness" which the grandson mentions is illustrated by such events as Gramp eating paper napkins at the dinner table, or when slow to respond to a wake-up call, Gramp finally rolled over and asked, "Did they kill the Easter Bunny yet?"²¹ And, finally there were the imaginary characters which Gramp spoke about: "the chillysmiths, rupes, Michigans, and Bugeyes."²²

As the account of the Tugend family shows, individual relationships and communication are important in considering the personality problems and needs of aging persons. In conversing there may be speech deterioration, the aging person unaware that others have difficulty understanding. Some aging persons do not realize their need of a hearing aid or there may be an unwillingness to wear one. Speech mannerisms and irrelevant lengthiness may detract from good conversation. Preoccupation with self or dominating a conversation, unaware that listeners are restless or bored, may reduce interest in attempting to communicate.

Being a good listener and being responsive to what others say is helpful in good conversation. Poor listening can generally be attributed to mind-wandering -- thinking of what to say while someone else is speaking. Over cautiousness in speech may foster hesitancy and self-conscious-

²⁰Ibid., p. 144.

²¹Ibid., p. 71.

²²Ibid., p. 151.

ness which detracts from spontaneity or naturalness. As there is less competitiveness, more patience, and a greater awareness of one's own finiteness, a person is better able to accept limitations with understanding and humor.

Elderly persons have a tendency to delve into a topic of interest without adequately identifying the subject. Elliott Smith gives this example: "The more I think of it, the more it seems to me that regulation is not the answer."²³ The listener in such a conversation may have a misconception because of difficulty in making correct correlations.

In considering personality characteristics of older persons it is important to recognize that wide deviation exists in comparing the elderly with other age groups. Dr. Robert Butler gives the following tendencies of older persons which occur with enough regularity to be considered typical of old age.²⁴

Change in the sense of time. The period of old age has the distinction of being the only time in life when future-orientation is lacking. Aging persons do not tend to think in a future-oriented way. Children gleefully count their birthdays as hallmarks of growing up. Middle-aged persons, as Schopenhauer maintains, count the remaining years rather than the age since birth. But the time perspective narrows in old age as the end of life nears. Some retreat to the past while others deny aging and maintain a future-oriented view. This tendency is seen in those who

²³Elliott Dunlap Smith, Handbook on Aging (New York: Barnes and Noble, 1972), p. 66.

²⁴Robert N. Butler, M. D., Why Survive? (New York: Harper & Row, 1973), pp. 407-417.

neglect to make wills, leave unresolved relationships, postpone enjoyments, or see the present as unfulfilling, boring and frustrating. Emphasizing the quality of time rather than the quantity will bring a more fulfilling resolution of the living of later years. With the immanence of death there comes a sense of immediacy and the tendency of living for the moment. Butler disagrees with the general assertion that time "moves faster" as one ages, a position suggested by William James. The quality of living and the filling of time are the determining characteristics for a more subjective appreciation of time.

As mentioned earlier in this chapter, gerontological literature has emphasized the reaction speed of the aging rather than the intellectual or mental processes. This in part comes from the interest industry has in studying time and motion. Such an emphasis has made positive contributions to human services, of which one example is applying cost-benefit analysis to the Foster Grandparent Program.

Henri Bergson helped distinguish between objective and subjective time with his concept of le temps humain and its emphasis on the value and meaning of time rather than time as quantitative. Bernard Berenson further enlarges on this concept by describing "life-enhancing experiences" with qualities like spontaneity, elusiveness, naturalness and simplicity, rather than artificiality and elaborateness.²⁵

Time perspective during the later years contributes to the enjoyment and well-being of emotional and sensory awareness. Fears may be resolved as the end of life nears, just as panic and boredom may be relieved

²⁵Ibid., p. 410.

by a healthy valuation of time. As distinctions are made, the more elemental aspects of life -- persons, nature, emotions -- will take on more importance. Less important things will diminish. Butler sees this sense of the present as wanting in most of today's elderly. Good health and adequate finances play an important role in well-adjusted persons who are able to draw upon inner resources, a supportive environment, and coming to terms with human finiteness.

T. S. Eliot descriptively pictures the possibility of aging persons transcending time:

Home is where one starts from. As we grow older
 The world becomes stranger, the pattern more complicated ...
 There is a time for the evening under starlight,
 A time for the evening under lamplight ...
 Love is most nearly itself
 When here and now cease to matter.
 Old men ought to be explorers
 Here and there does not matter
 We must be still and still moving
 Into another intensity
 For a further union, a deeper communion
 Through the dark cold and the empty desolation,
 The wave cry, the wind cry, the vast waters
 Of the petrel and the porpoise, In my end is my beginning.²⁶

Sense of the life cycle. With the later years there comes the unique personal sense of viewing the entire life cycle. The psychological elements involved in this understanding include: the urgency produced by subjectively being aware of death, the unfolding process of change which provides intergenerational historic continuity, seeing time through the unique gift of memory, sensing life experience as perspective and person-ality growth, accumulating factual knowledge in order to function during

²⁶Butler, pp. 410-411, citing T. S. Eliot, "East Coker," in his Four Quartets (New York: Brace, 1943).

given life cycles, and last "the idea of stages or phrases"²⁷ indicating sequential changes in behavior.

The question of personality and mental changes after adolescence needs to be raised since there is general distrust of life cycle and stage theories. The stages become more difficult to determine because sometimes they will be superficial and other times fundamental personality changes.

Tendency toward life review. As death nears, the elderly tend to think of past experiences and of some of the unresolved conflicts in their lives. They must decide what to do with their remaining time and how to dispose of their material goods as well as their knowledge or wisdom. The experience of grief will often be very real during this time as family and friends precede them in death. Fear and depression may bring over-cautiousness to the point of suspicion about the intentions and motivations of others. The feeling of powerlessness may become overwhelming because of the lack of control over circumstances. Along with review and introspection there may be a diminishing trend leading to more serenity and tranquility. As unresolved conflicts and fears are dealt with, there can be new meaning and purpose in life with a diminishing of fear.

Life-review therapy has proved helpful as autobiographical material, family pictures, genealogies, and pilgrimages to important places bring forth responses and understanding. The summarization of a person's life work is further helpful as guilt is dealt with, family and inner conflicts resolved, and knowledge and values shared with those

²⁷Ibid., p. 411.

who follow.

Gifted persons have, over the years, contributed significantly to compiling and interpreting historical events through reminiscing. Further mention will be given in Chapter IV of the value and place of reminiscing in a therapeutic situation. Suffice to say here that reminiscing should not be viewed as symptomatic of aimless dwelling on the past.

Ingmar Bergman's motion picture, Wild Strawberries (1957), depicts an elderly physician dreaming and envisioning his childhood as his life changes from remoteness and selfishness to relationships of tenderness and caring. The physician's life is reshaped as he dreams that he has died. Upon awakening he affirms that he is still alive, 76 years of age and in good health. Whereupon his daughter-in-law, Marianne, confronts him with his egotism, inconsiderateness, and hardness. Dr. Borg muses:

I have found that during the last four years I glided rather easily into a blue light world of memory and dreams which are highly personal. I have often wondered if this is a sign of increasing senility. Sometimes I have asked myself if it is a harbinger of approaching death.²⁸

Continuing to introspect, Dr. Borg wonders whether he is dead although living. Recalling childhood memories calms him down, but the significant think happening to him as death nears is his becoming more compassionate and loving.

Reparation and resolution. Guilt and regret for acts of commission and omission are often played out by older people as they seek to write and rewrite their lives. Elderly or not, the aged continue to contribute to their lot in life. Persons of every age range have some measure of a

²⁸Ibid., p. 420.

sense of guilt. It detracts from an individual's humanness to quickly dismiss the reality of the world's greed and cruelty. Reparations dealing with a sense of guilt may come as time is running out.

Butler sees today's elderly acting as though their behavior depended upon free will and self-responsibility. Because of this he believes there is a heavy emphasis upon "independence, self-reliance, pride, industry, prudence, and thrift"²⁹ which leads to a sense of responsibility for feelings and actions.

Attachment to the familiar. An attachment to familiar objects is a common characteristic of late-life. To be nostalgic regarding one's home, pets, or old letters relates closely to life review and memories both recent and distant. There is also a continuing basis for orientation at a time when the experiences and physical setting of life are quickly changing.

Conservatism of continuity. While Butler believes it is inaccurate to assume that conservatism increases with years, he describes three periods of life when such tendencies leap or spring ahead: childhood, middle age, and the "elder" function of appraising, extracting and sharing with others what is honorable and worthwhile.

Societies vary in their intensity of conservatism. In ancient China and in some African nations continuity among the elderly takes the form of oral tradition, counseling, or other phase. In America the elderly are forced into "a conservatism of survival" because of the amount of time and energy required for living. This leaves minimal time and energy for

²⁹Ibid., p. 414.

the aged to share their knowledge with younger persons in society.

Desire to leave a legacy. Many older persons have a profound desire to leave succeeding generations money or other personal property at their death. The root of the word "legacy" means to bequeath money or other property. Children, grandchildren, works of art, intellectual and spiritual knowledge, or memories may be included in such a desire. Great pleasure may be taken in anticipating which possessions to leave to family and friends. There is also humanitarianism which involves stewardship of the environment and conserving resources for the generations yet to come.

Butler sees greater psychological health in those individuals who are concerned about preserving heritage or "leaving traces." The motivation behind leaving a legacy may include "wanting to be remembered", the generosity of giving to one's survivors, wanting to be in control even after death, giving rewards or retribution by influencing bequests, or the well-ordering of one's affairs before death.

Transmission of power. Another important issue and decision reflective of personality is when or when not to relinquish power and authority.

Transmitting power may involve: turning over property or business to family members, an openness for children to make decisions for parents, or a supportive instead of disciplinary role in relating to grandchildren.

One key function in giving up power has to do with timing. Control may be given up prematurely when the person still has a significant contribution to make. Others will cling to power when it is detrimental to all involved. Providing counsel in the acknowledgment of changes and

capacities will more likely provide continuity and orderly transition rather than humiliating decline.

In too many instances the disadvantaged elderly are without power because of their financial situation. Deprived of consent, there is a particular vulnerability when medical-legal decisions must be made. The elderly are capable of deciding their own matters in most instances, even whether to decide to let another person act for them.

Sense of consummation or fulfillment in life. Many people are satisfied with their life. Others may longingly desire serenity or wisdom as problems are resolved, life is viewed in retrospect, and death is considered with balance and composure. A successful life may not fulfill the popular expectation. When people do the best they can and have met challenges and difficulties against formidable odds, there may well be a sense of self-respect and esteem.

Capacity for growth. The desire to know and to be creative and alert for the unexpected does not always decline with age. Sustaining a sense of wonder and anticipation is helpful in offsetting disenchantment and pessimism. A sense of perspective is important for growth and the "evaluative elements of life."

One does not have to be famous to be creative. Creativity in many instances may blossom as routine burdens and responsibilities diminish. As the realization comes that life will soon be over, there may be an increased desire for change and growth. Personal characteristics and changes in behavior are possible until death.

It is helpful to differentiate between various psychological traits in later life and age-related emotional reactions to life crises.

While such crises as loss of a mate, marital problems, retirement, sensory loss, aging, physical impairments, institutionalization and death are difficult to face, the elderly may rigidly deny such problems, as others do regardless of age, or they may attempt to resolve such difficulties. In the initial stages there may be reactions of grief, guilt, loneliness, depression, or feelings of helplessness and anxiety.

The situation may often seem hopeless, but the elderly still need help with their personality problems. Distinction needs to be made between age-related and environmental problems, illness from aging, or old age traits as separate from characteristics which devalue persons. Encouragement can be given which fosters growth and renewal, recognizing those things which can be changed. And, as was mentioned at the beginning of this section, the role of warmth and support is of vital importance in both family and community relationships. Every struggle will not be won, but there can be both creativity and bravery alone with the enhancement of self-esteem, dignity, and the sense of caring for others in the human struggle.

Religious Needs

Just as aging persons have psychological age-related characteristics, they also have spiritual needs. All aging persons will eventually experience physical or mental infirmities, various personality traits, and emotional reactions. It is crucial that religion seek a meaningful theological-ethical understanding of the religious needs of aging persons.

A previously mentioned scripture from Psalms suggests the ideal function of religion in meeting the spiritual needs of the aging. Another passage in the same chapter restates and reinforces the earlier verse:

"So even to old age and gray hairs, O God, do not forsake me, till I proclaim thy might to all generations to come."³⁰

When the first national Conference on Aging was called by the Federal Security Agency in 1951, church leaders were involved in the discussions about religious programs and services. In considering the spiritual needs of persons, particular focus was given the need persons have for a relationship with God, the freedom of opportunity to make choices, the need of persons to be recognized as uniquely worthful because they are children of God, the need for intimate fellowship and companionship, and the need for participation and involvement in the social order.³¹

A decade later the White House Conference on Aging reaffirmed the "intrinsic value and sublime potential"³² of aging persons. In its concluding recommendations it affirmed that the role of religion

can assist the aging in finding within themselves and in the fellowship of faith the resources to meet those problems and fears which seem inevitably to accompany one's latter years.... Religion binds a man to creation and the Creator, and enables him to face the future with hope.³³

Milton L. Barron, in elaborating on the gerontological task of

³⁰Ps. 71:18.

³¹Man and His Years, "Religious Programs and Services," National Conference on the Aging (Raleigh, N.C.: Health Publication Institute, 1951), p. 206.

³²United States Department of Health, Education, and Welfare, The Nation and Its Older People, Report of the White House Conference on Aging (Washington: U.S. Government Printing Office, 1961), p. 236.

³³Ibid., p. 239.

religion, sees four areas of importance:³⁴

Helping to face impending death. Various motives influencing the desire to live speak to the common expectation that in older people there will be an increased need for religious experience. Anxiety about the afterlife as it relates to punishment and rewards may have been incorporated into the individual's beliefs, just as there may be concern over what will happen to family members who will be left in situations of need.

Helping find meaningfulness in life. Although a person's physical needs may be well provided for, unless there is purpose and meaning in life involving dependence upon that source of strength which can help view life wholistically and encourage relating to others unselfishly, the latter days may involve unhappiness and fear, instead of developing the fulness of potentialities.

Helping accept the inevitable losses of aging. Because aging persons fear rejection, or have various frailties, they may pull back from the very institution which is able to minister to their needs. Others who have had little association with the church may hesitate to renew previous contacts. Still others, not connected with the church, remain apart from it when it could provide spiritual solace.

Helping discover compensatory values. Cicero was aware of this in his work De Senectute:

Those who have no resource within themselves to live a good and happy life find every period of life burdensome, but those who seek

³⁴Milton L. Barron, The Aging American (New York: Crowell, 1961). p. 167.

their blessings within themselves regard nothing as evil that the necessity of nature brings.³⁵

When Cicero was asked how to account for old men who were vulgar, fearful, easily provoked to anger, and difficult to get along with he replied that the defect was not in old age but in character.

David O. Moberg, a resource person for the 1971 White House Conference on Aging, listed six spiritual needs among aging persons which he termed "Sociocultural Sources of Spiritual Needs:"³⁶

1. The need for a new concept of aging.
2. Relief from anxieties and fears.
3. Preparation for death.
4. Personality integration.
5. Personal dignity.
6. A philosophy of life.

The comparison with Milton Barron's four areas of importance will be evident, particularly the area of preparing for death. Other comparisons include Barron's "meaningfulness in life" as related to Moberg's suggesting helpful activities for others in the area of "personality integration." Barron's "accepting losses of aging" closely follows the "personal dignity" point by Moberg, who goes on to elaborate how people may die from loss of dignity as much as from medical causes. The "compensatory values" area, suggested by Barron, is easily related to Moberg's "concept of aging", "personality integration," and "philosophy of life." Moberg clearly shows where his orientation lies when he suggests how to spiritually support those who are anxious and fearful.³⁷ "Don't forget the

³⁵Ibid.

³⁶David O. Moberg, "Spiritual Well-Being," Background paper for 1971 White House Conference on Aging, February, 1971, pp. 5-14.

³⁷Ibid., p. 14.

power of prayer!"

Religious educators have long recognized that older persons have special religious needs, providing the basis for a theology of aging rooted in such doctrines as life being created in God's image, God as Creator, Preserver, Redeemer, and Sanctifier. The First National Conference on Aging listed the following spiritual needs of aging persons:

Assurance of God's continuing love; the certainty that life is protected; relief from heightened emotions; relief from the pangs of loneliness; a perspective which embraces both time and eternity; continuing spiritual growth; a satisfying status in life; and a feeling of continuing usefulness.³⁸

As society responds to the situations of older persons through research, the consideration of personality, religious needs, and help through governmental action, both spiritual and secular resources should be tapped in providing more than mere survival for the nation's aging population.

The Emergence of Government Action in Helping with the Problems of the Aged

As the section on research in gerontology mentioned, some experts hold forth the position that the aged are more interested in the problems of staying alive and functioning than they are in their religious attitudes and feelings. This would help support the observation that scientists are more concerned with the medical and biological aspects of problems in aging than with the psychological and social aspects. Those who experience chronic ill health would understandably devote a considerable amount of concern and expense to the preservation of life.

³⁸Man and His Year pp. 207-210.

This concern with the problems of meeting the basic needs of aging persons, including practical care and economic assistance, arises in every country which relies heavily on industrialization. As social security and pension plans have developed, along with the contribution of modern medicine to the longevity of life, there has been an increasing demand to provide the financial support necessary to care for older people. At the same time there has also been an increased awareness of providing opportunities for self-help and self-care.

Consideration for the human dimension in caring for the aged dates to the medieval era as almshouses were provided to care for groups of people numbering under ten.³⁹ Lewis Mumford describes the almshouses built to provide this Christian charity as "not the least handsome buildings."⁴⁰ Small structures were built in a ratio of one for every two or three thousand persons. There was a parish church for each one hundred families, but by the twelfth century London had "13 conventional and 126 smaller churches."⁴¹

Institutions caring for the aged reached a height of notable development in the late medieval city. In Belgium and the Bavarian area in Germany, small neighborhood units were formed to provide a common garden and chapel. The practice of erecting almshouses, however, "continued long after the social need had exhausted itself ..."⁴²

³⁹Lewis Mumford, The Culture of Cities (New York: Harcourt, Brace C ompany, 1938), p. 55.

⁴⁰Lewis Mumford, The City in History (New York: Harcourt, Brace and World, 1961), p. 267.

⁴¹Mumford, Culture of Cities, p. 55.

⁴²*Ibid.*

Community responsibility in caring for the aged has been comparatively new. At the end of the nineteenth century the indigent aged were rather crudely grouped with "other misfits" -- those with physical handicaps, mental disorders, the feeble-minded, and children. When interest developed in better care for children, the handicapped were cared for in separate institutions, as were those with physical and mental problems. Religious and fraternal organizations became concerned with institutionalized persons and improved care in the 1950's. Voluntary social agencies were developing at this time also. However, there was little responsibility for the aged beyond referral services.

Private organizations emerged as early as 1913 in the form of an association which sought to improve conditions under which the poor lived. With America's great depression in the 1930's attention was drawn to the needs of the elderly. Private philanthropic agencies started to recognize aging persons as an integral part of the family. Neighborhood centers showed increasing concern for the dependency problem of the aged and contributed to the need. America as a nation, however, was slow in developing a system to help its older citizens.

In a series of documents selected from 1927, intended to help those who "labor under some special disadvantage,"⁴³ there was no mention of the aged. Neither was there any mention of the elderly as a specific group in social-work literature before 1933, except for periodic mentioning of almshouses.

Voluntary groups of interested citizens began organizational

⁴³Mina Field, Aging with Honor and Dignity (Springfield, IL: Thomas, 1968), p. 4.

efforts on behalf of the elderly in the late 1920's which eventually led to action by the government. The Welfare Council of the City of New York established a Division on Ages in 1926 which provided services of information and referral for the elderly. Due to the efforts of this organization a state commission was appointed by the governor. The commission recommended assistance be given those 70 years and older and a law was enacted to that effect in 1930. Because of the need the eligibility age was lowered to 65, which was to become the accepted age for retirement.⁴⁴

The National Committee on Aging was organized in 1948 and became a standing committee of the National Social Welfare Assembly. Funding was provided for determining standards in institutional care for the aged. By 1960 the National Committee on Aging gained its own identity as the National Council on the Aging and is still the only voluntary coordinating group in the nation relating to standards for the institutional care of the aged.⁴⁵

Governmental groups became interested as the problems of the aged were clearly defined and pressure was brought by the community at large. One of the key committees in these early stages of governmental development was the Joint Legislative Committee on Problems of the Aged. Organized in 1948, the committee was functional until the early 1960's and was instrumental in developing a council which provided recreation for the elderly on a matching fund basis by state and local communities. Second career planning is an important aspect of this division's work.

The first Conference on Aging came in 1950 as the Congress chose

⁴⁴Ibid., p. 8.

⁴⁵Ibid.

the theme "Man and His Years." A wide range of problems was dealt with as 800 persons represented churches, business, labor and the professions, and government.⁴⁶

The next significant development in the government's interest in the field of aging was the White House Conference on Aging in 1961, attended by 2,500 delegates. The conference dealt with a wide range of subjects: need for research, medical, biological and psychological problems, income adequacy, religion, rehabilitation, housing, education and social service, leisure activities, voluntary services and organization of programs at the local, state and federal levels. This vast range of subjects illustrates the inter-relatedness of the problems and needs of the elderly.⁴⁷

Between 1948 and 1958 over 800 articles and 22 periodicals relating to aging were published by the Department of Health, Education, and Welfare. From that time the number of publications and articles mushroomed. Books and articles over a 63 year period numbered 1550, with 45 periodicals. Between 1949 and 1961 the classified bibliography had grown to 18,000 references.⁴⁸

Both interest and organizations developed rapidly following the White House Conference in 1961. A Senate Special Committee on Aging was organized, as was the Conference of State Executives. New developments which accompanied the government's new interest included: the President's Council on Aging and the Office of Aging in the Welfare Administration of

⁴⁶Ibid., p. 9.

⁴⁷Ibid.

⁴⁸Ibid.

the Department of Health, Education, and Welfare; enactment of the Economic Opportunity Act, the Housing Act, and the Older American Act which was instrumental in coordinating governmental activities. Finally, there was the passage of Medicare, also referred to as Title XVIII, and Medicaid (Title XIX).⁴⁹ A description of these programs will be given later in this section.

It should be helpful at this juncture to gain perspective about how government action increased so significantly in the years following the Great Depression in America. The years of the 1930's are singularly important because prior to that time there was no serious consideration to have compulsory, contributory old-age insurance. The pension approach was favored because of its less compelling nature, the simplicity of administration, and its avoidance of problems for retirees or those nearing the later years. It was believed that assistance-type pension programs could be conditional while at the same time protecting incentives. Because of this strong inclination for the pension approach the American debate in discussing economic security focused on what had been happening in European legislation.

In 1891 Denmark became the first country to have a national old-age pension system. France followed with an optional system in 1897 by subsidizing departments or communes which had pensions, but by 1905 the system became obligatory, and five years later it was compulsory. New Zealand was next to establish a pension system (1898), with New South Wales (1900) and Victoria (1901) both being superseded by Australian

⁴⁹Ibid., pp. 9-10.

legislation in 1908 which resulted from the Royal Commission's stance that old-age pensions were a right instead of being considered charity. England's national pension system, following a thirty year period of discussion and agitation, was implemented the same year as the Australian system (1908).⁵⁰

The simplicity of the pension approach was to have significant influence upon the American debate. Katherine Coman, a critic of the pension system in the United States, complained in 1914 that in Denmark the aged were "not regarded as paupers, but as members of the industrial army who are entitled to honorable discharge."⁵¹ Federal and constitutional obstacles abounded in America, while it was also widely held that experimentation had more encouragement under the federal system thus enabling states to experiment with social legislation. The debate took an interesting turn as states were hesitant to initiate social insurance and pension programs because of the fear of departing from existing legislation. But because of federal interest, more was accomplished in 1935 during a single year than by state-centered social insurance in the three preceding decades.⁵²

The economic condition of the aged during the 1920's provides insight for the need that existed in solving the problems of old-age dependency. A Senate report on old-age pensions in Massachusetts was

⁵⁰Roy Lubove, The Struggle for Social Security (Cambridge: Harvard University Press, 1968), p. 120.

⁵¹Ibid., citing Katherine Coman, "Twenty Years of Old Age Pensions in Denmark," Survey, XXXI (January 17, 1914), 465.

⁵²Lubove, p. 123.

conducted in 1925 by the Commonwealth of Massachusetts and the National Civic Federation. Covering 19,000 aged, the study discovered that

Those who owned property worth \$5000 or more, or had incomes of \$1000 or more a year, comprised 55 percent of the aged. On the other hand, 16.8 percent had no incomes at all, and another 6.4 percent had less than \$5000 worth of property or \$1000 income were partially or entirely supported by others, mostly children.⁵³

When the study was enlarged to include cities and towns in four eastern states (New York, New Jersey, Pennsylvania, and Connecticut), the findings were much the same as the Massachusetts Commission report. This led the National Civic Federation to argue that there was no need for state intervention. Pension advocates, impressed by what had been accomplished in Europe, were not as convinced by the presence of high wages and personal opportunities.

The first old-age pension bill on the state level came in 1903 with the introduction of legislation in Massachusetts. "Before the 1920's, however, Arizona was the only state to enact an old-age pension measure, and, since it was declared unconstitutional, an Alaska pension law of 1915 was the only one in operation until 1923,"⁵⁴

An interest in social insurance continued to persist as an issue on the American scene throughout the 1920's. A plan formulated by John R. Commons and John B. Andrews favored social insurance of a preventive nature over an income maintenance system. Conflict continuously emerged as the social insurance movement challenged voluntary institutions. Andrews, Isaac M. Rubinow, and the American Association for Labor Legislation all were supported by Abram Epstein, Paul Douglas, and Eveline Burns.

⁵³Ibid., p. 134.

⁵⁴Ibid., pp. 135-136.

Two organizations further strengthened the new leadership: the American Association for Old Age Security and the Fraternal Order of Eagles. Internal conflict emerged in the early 1930's between those favoring the American plan (prevention instead of income maintenance) and those taking Rubinow and Epstein's position that the primary goal should be income maintenance and redistribution.⁵⁵

As American leadership changed, and independence from European thinking progressed, the 1920's

witnessed the emergence of the aged as a key issue in social politics. The drive for old-age pensions was a connecting link between the first social insurance movement and that launched after the onset of the Great Depression.⁵⁶

The social insurance and pension movement emerging in this country as early as 1922 had direct linkage with the financial protection and revenues resulting from the Roosevelt New Deal, according to Henry J. Pratt,⁵⁷ Pratt, in tracing the beginning of governmental involvement in helping the dependent aged and unemployed, believes it is important to consider the relationship between the New Deal and the legislation which began emerging in this country after 1922.

A transition period found marked lines of division emerging within the ranks of those advocating social insurance. Three schools of thought emerged as the 1930's arrived.⁵⁸

"The relief and charity" tradition formulated one of the schools

⁵⁵Ibid., pp. 113-114.

⁵⁶Ibid., p. 114

⁵⁷Henry J. Pratt, The Gray Lobby (Chicago: University of Chicago Press, 1976), p. 11.

⁵⁸Ibid., pp. 11-13.

of thought which sought dominance. Jane Addams and Paul Kellogg were early social workers instrumental in founding the National Conference of Charities and Corrections. Dating to the period of World War I, this group believed rehabilitation was the key to solving the problem of financial need. While not rejecting the need for social insurance, there was a preference for state pensions which freely gave public assistance from the general treasury rather than from programs involving individual contributions.

A second school of thought included people who had carefully considered various foreign systems and prided themselves as knowledgeable in social insurance theory. Isaac Rubinow was a leading exponent of this group, having first gained recognition as a lecturer. Rubinow campaigned actively for the social insurance cause, but a second person, Abraham Epstein, grasped Rubinow's views and founded the American Association for Old Age Security, a group which was to become a leading proponent for pension reform.

A third group of social insurance activists believed that collective bargaining could best bring the changes sought. It was contended that basic reform, such as safety measures, could be designed by organized labor, business, and officials devoted to the public good. This group wanted mandatory legislation requiring employees to establish reserve funds with mutual insurance companies. While the key emphasis was on unemployment, it was also thought that the program could apply to the problem of old-age security. The American Association for Labor Legislation, under the leadership of John Commons and John

Andrews, advocated this position nationally.⁵⁹

Of interest to the topic of pension crusaders and the Social Security Act is an organization which was known as the Townsend movement. This movement showed as early as 1930 that formidable numbers of aging persons could mobilize to act in their own behalf. Although it was too late to make a decisive contribution to the enactment of Social Security legislation, there was enough grass-roots strength in the movement to cause Arthur Schlesinger, Jr. to describe it as "the most striking political phenomenon of 1935."

The Townsend movement was originally called "Old Age and Revolving Pensions, Ltd." and was renamed "Townsend National Recovery Plan, Inc." after 1936. The plan sought government payments of \$200 per month to all persons past age 60 who would agree to not engage in gainful employment. There was more to the plan than its being a strict pension proposal because of its intent to help end the Depression by providing the elderly with buying power. The leader of the movement, Francis E. Townsend, condemned socialism while at the same time justifying the traditional profit system. The political mainstream viewed Townsend's scheme as dangerous, in spite of the fact that funding for it was to come from taxation from business transactions. With little news media coverage the movement still attracted hundreds of thousands dues-paying members. While Townsend made grandiose and extravagant promises, the popularity of the movement indicates how frustrated and disadvantaged the aged were during the 1930's and in the years prior to the Depression.

⁵⁹Ibid., p. 24.

Was the concept of social security just a wild dream or was it a practical plan? Edwin E. Witte summarized the purpose of the Social Security Act in this way:

Only to a very minor degree does it modify the distribution of wealth and it does not alter at all the fundamentals of our capitalistic and individualistic economy. Nor does it relieve the individual of primary responsibility for his own support and that of his dependents ... Social Security does not dampen initiative or render thrift outmoded.⁶⁰

One of the key concepts in the enactment of the Social Security Act was to implement and closely relate both eligibility and benefits to the individual's work. One important aspect of the plan's practicality was to omit government contributions and emphasize reserve funds and private insurance. Fiscal conservatism was the prevailing watchword of the day.

Some of Abraham Epstein's criticisms regarding the limited concept of the Social Security Act's economic and social function were seen to be valid. Epstein had been quite outspoken in his feeling that legislation did not essentially provide economic security because of minor income redistribution. One basic formula change enacted in the 1939 amendments replaced lifetime cumulative earnings with average earnings. As Epstein had previously argued, dependent and survivor allowances were now added to the program. Unemployment insurance and health insurance, however, were still badly in need of government programs and support.

Since the passage of the Social Security Act in 1935, amendments have markedly changed the program's coverage. One key program to raise

⁶⁰Lubove, p. 175, citing Edwin E. Witte, "Social Security: A Wild Dream of a Practical Plan?" in his Social Security Perspectives (Madison: 1962), 11.

benefits was disability insurance (1956). Although there are imperfections in the program, a significant turning point was reached with its implementation. The most important thing to happen historically was the shift of welfare functions from a voluntary to governmental level and transfer local programs to the federal level. What this did was prepare the way for the anti-poverty programs which were to come just three decades later.

The social security program in America was not originally conceived to provide full economic support for older persons. It was designed to "assist" in income maintenance after the individual's active work terminated. What has happened, however, is that the social security program has become the primary source of income for older persons, and it promises to become even more important in the lives of the elderly as "guarantee and adequate" income levels are considered.

Roy Lubove asks the searching question: "Must the unemployable -- dependent children, blind, handicapped, aged, able-bodied but unskilled -- who compose the overwhelming percentage of the assistance rolls be penalized for their incapacity to compete in the labor market?"⁶¹ Diverse proposals will continue to speak to this question as the issues of guaranteed income, negative income tax, family allowances, and the national assistance minimum question public assistance programs while searching for alternative solutions. Lubove closes his comprehensive study on social security with an observation which is relevant to the needs of the aged as well as other needy persons in society:

⁶¹Ibid., p. 180.

If the first phase in the evolution of the twentieth-century welfare state was the establishment of insurance programs related to employment, the second will be a system of predictable, nonpunitive income maintenance for those who cannot participate fully in the labor force.⁶²

While various amendments were being added to the Social Security Act, there was heated controversy over how to finance the medical care which older people needed. Congressional committees were appointed to study the problem in 1960, the studies confirming what was common knowledge --large numbers of the elderly could not afford adequate housing, proper food, or the necessary medical care.

Controversy emerged regarding including medical care for the aged under the social security system. There was the fear of "socialized medicine," the "compulsory" nature of the legislation, and the fear of the financial burden on the rest of the population. The various arguments were met by thoughtful responses of proponents of the legislation, but despite the reassurance, the legislation was blocked for a time.

Medical Assistance for the Aged (MAA), which included the Kerr-Mills amendments to the Social Security Act. became effective in 1961. The purpose of the act was to meet medical expenses for persons 65 years or older who could not shoulder the cost of medical care. Twenty-eight states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands adopted the MAA program and intensive evaluation was given the act. There was need for a broader program because of intricate legal requirements related to reporting of income in securing medical assistance for a parent.⁶³

⁶²Ibid.

⁶³Field, Aging with Honor and Dignity, pp. 69-73.

A bill introduced in Congress in 1961 incorporated health insurance benefits for the aged within the social security system. Known as the King-Anderson Bill, it represented a comprehensive approach for health care for the aged within the social security system. The bill provided for hospital, out-patient, and nursing-home care, home health services, and drugs for all persons 65 and over who were eligible for social security benefits.

A four year long controversy followed before the adoption of a health insurance program for the elderly. In 1965 the Social Security Amendments (Title XVIII), most widely known as "Medicare," was signed into law on July 30, to take effect July 1, 1966. The Medicare bill was a compromise combining programs of hospital care for those over 65 who are eligible for social security benefits and an additional prepayment plan by the insured which was supplemented by the government. In turn, this paid doctors' fees and other services not covered in the first plan. Nursing home services required a one year waiting period before going into effect. The adoption of this program of comprehensive care was to have enabled an estimated 30 million older persons to utilize the provisions of the plan.⁶⁴

An additional program for medical assistance to needy persons of all ages was part of the Social Security Amendments of 1965 (Title XIX). Known as "Medicaid," the program was for self-supporting persons who could not meet the expenses of medical care. States administered the program supplemented by the federal government. In states adopting it the Old

⁶⁴Ibid., pp. 74-75.

Age Assistance and Kerr-Mills program of Medical Assistance for the Aged (MAA) was eliminated. Eligibility requirements were less stringent but other exemptions were higher than the MAA program. In addition a means test was enforced.⁶⁵

⁶⁵Ibid., p. 76.

CHAPTER IV

THE PASTORAL ROLE AS EXERCISED AT HALE MAKUA NURSING HOME

Hale Makua is a nursing home on the Island of Maui, Hawaii, offering skilled nursing care and home health care for aging persons. In Hawaiian "hale Makua" means "house of parents."¹ The home first began operating in 1947 in Wailuku, county seat for the islands of Maui, Molokai, and Lanai. The first structures were built in one of the older business and residential areas by the Maui Young Buddhists Association after a fund raising drive. Members of the association donated labor for the initial structures.

In 1968 a structure was built in Wailuku with funds from county, state, and private donations. The facility is a non-profit 124 bed nursing home which provides skilled nursing care, physical and occupational therapy, and social and dietary services. These same health services are offered to individuals in their own home through the Home Health Services Program. In 1969 an additional 36 beds were added for quality nursing care. The average occupancy since that time has been 97%, with a substantial waiting list of process applications awaiting admission.²

The Charter of Incorporation for Hale Makua, dated January, 1954, listed as objects of the corporation:

¹Mary Kawena Pukui and Samuel H. Elbert, Hawaiian Dictionary (Honolulu: University Press of Hawaii, 1961), pp. 49 & 213. While the translation for "hale Makua" (pronounced hālē makūā) is "house of parents", common usage has rendered the meaning as "house of respected elders."

²"The Health Care Needs of Maui's Elderly: A Committee Report," (Maui County Medical Society Ad Hoc Committee to Study Health Care Needs of the Elderly, December 3, 1973), 15. (Mimeographed.)

1. To establish, conduct and provide a comfortable home or homes for aged persons.
2. To render such other services, care and assistance as the Board of Trustees may deem advisable for the welfare and best interests of the community, so long as the same do not conflict with the basic objective of establishing and maintaining a home for the aged.³

Hale Makua followed the trend toward nursing care which numerous other homes in the United States followed as institutions upgraded staff and services to qualify for Medicare funding. While the founders of Hale Makua foresaw the need for a home for the elderly instead of a skilled nursing facility, the number of residents requiring skilled nursing care moved toward the 50% mark.⁴

More recently a second Hale Makua elderly care center opened on Maui in August of 1978 in the adjoining town of Kahului. This new facility is designed to principally provide skilled nursing care for 123 persons and incorporates closed-circuit television in its program.

Both of the Hale Makua facilities have a large number of residents from ethnic groups,⁵ since approximately two-thirds of Maui County's population aged 65 and over are foreign born.⁶ The heavy incidence of immigration for agricultural work is a significant factor which helps account for the high percentage of the population being foreign born.

³Ibid., pp. 15-16.

⁴Statistics compiled by Marion Walker, social worker, personal interview, Wailuku, Hawaii, October 16, 1978.

⁵Racial groups at Hale Makua, Wailuku, as of October, 1978, included: 42 Japanese, 23 Caucasian (6 Portuguese and 3 Puerto Rican), 9 Hawaiian, 6 Okinawan, 5 Filipino, and 1 Chinese.

⁶"Health Care Needs of Maui's Elderly," p. 4.

In view of statistics released by the state Department of Planning and Economic Development, the opening of an additional care center for Maui's aged (Hale Makua, Kahului) showed foresight and planning skill. The population on Maui has increased almost 34% since the 1970 census.⁷

The Wailuku facility has been viewed as a model in its care for the elderly, particularly because of its physical plant and the range of services available for residents. The rooms are spacious and look out on vegetation either on the back side of the property or on a courtyard in the center. The courtyard provides a large area for strolling or sitting. Many of the rooms open toward the interior which has a variety of plants indigenous to the temperate zone.

The rights and privileges of patients are mentioned in a welcome brochure which is distributed to new residents and their families. The brochure meets a federal regulation which requires health care facilities to set forth such information. The statement affirms the belief that

the maintenance of human dignity is vital to good health care. Patients, like all people, are entitled to exercise their rights and privileges to the fullest extent possible unless otherwise medically indicated.⁸

The pastoral role at the Hale Makua nursing homes presents opportunities for ministry in a variety of situations. Perhaps part of this role of ministry is to provide a link between society ("the outside") and

⁷The Maui News [Wailuku] (September 22, 1978), Sec. I, p. 1, cols. 1-2. Maui's resident population in July, 1977, was 51,800, up 33.9% from April, 1970, census figure of 38,691. By comparison, the Island of Hawaii (also called the Big Island) followed with a 23.1% increase, the city and county of Honolulu (Oahu) 14.7%, Kauai 13.7%, Molokai, 5%, and Lanai a minus 8.5% (Lanai is privately owned by the Dole Pineapple Corporation).

⁸"Hale Makua Patients/Residents Rights," (Wailuku, HA: June 2, 1975), p. 1. (Mimeographed).

the institution. The following sections in this chapter will refer to some of the specific needs of the residents and how these needs are being met.

Alleviating Anxiety Concerning Death

There have been occasions to talk with different residents about death. One memorable pastoral contact involved a person being in a coma for many months and my spending part or all of the night with the person as death approached. In a situation like this the contact is mainly with the relatives. This section will mention episodes showing different ways of expressing and dealing with anxiety concerning impending death.

After talking with a social worker at Hale Makua (Wailuku)⁹ I noticed Lawrence Porter¹⁰ sitting just around the corner from the office. Mr. Porter regularly attends the Sunday afternoon worship service in the day room, but my initial contact with him was at the request of his family. As I stopped to speak to him his first words were, "I'm going to die any moment now." I asked him how he felt about that and he said that he was scared. He asked me to pray for him. After the prayer he thanked me and said he felt better. As I left he reminded me to not forget to come get him for the service that coming Sunday. I assured him that I would remember.

That Sunday while I made the rounds to see who wished to attend the

⁹Reference to interviews or friendship groups will refer to Hale Makua (Wailuku).

¹⁰The names of all residents mentioned in this chapter have been changed, except for Jessie Kirchmeyer and Rev. Serapio Afalla.

worship service I noticed a prosthesis by Mr. Porter's bed. The artificial limb had a note on it instructing persons to not remove the shoe. In red print under the first note someone had added an additional reminder in "island terminology": "no take off the tie also," (referring to leaving the shoelace on the artificial leg). I had not previously known about the amputation and this gave me insight to some of Mr. Porter's concern about dying.

The mother of a constituent in our congregation spent the last years of her life at Hale Makua. Beverly Towner was a deeply committed Christian and inspired many on the staff as well as numerous persons in the community. She particularly enjoyed the visits of a nun from the nearby Roman Catholic Church. Some on the nursing staff were highly complimentary about the manner in which Mrs. Towner endured her affliction. Other staff persons were frank to say that there was another side to Mrs. Towner which I had not seen (referring to her being very difficult at times). Many on the staff, however, were impressed because of her repeatedly returning from the brink of death.

I had many conversations with Mrs. Towner about the after-life. Her theology, though oriented in her particular denomination, did not hinder our sharing and rejoicing in the promises of the Christian scriptures or in the strength and peace available now. After her death I was privileged to participate in her memorial service.

Various residents have offered apologies for what they termed a lack of faith. This affords the opportunity to talk honestly about our finiteness.

Paul Tournier speaks to this in discussing a conversation with his sister who apologized for feeling anxious about dying. Tournier

indicates that Christian faith need not repress anxiety, but "on the contrary it means recognizing one's weakness, accepting the inward truth about oneself, confessing one's weakness."¹¹ Christian faith, Tournier affirms, trusts in God's grace, not in one's own strength.¹²

There have been instances when a Hale Makua resident was not informed by the family of the death of his/her mate. The difficulties in this are self-evident when the person who is still living begins to receive mail pertaining to settling the affairs of the deceased. The practice of denying or covering up the death of a person whose mate is institutionalized indicates that families need assistance in honestly sharing this information with their loved ones.

A Bible study class at Hale Makua provided opportunity for discussing death, as is evidenced by the following exchange:

Chaplain Dennis: Does the Bible class help us in the matter of dying?

Jean: I'm not afraid of dying. We're going to live after death.¹³

The expression of a desire to die may come to the aged because of the longevity of years or as the result of traumatic experiences. Both of these circumstances were true for Ethel, who was hospitalized with severe neck pain and headaches. Although I had been calling on another person in the hospital, the groaning and distress heard behind a curtain prompted the comment from the person I was visiting: "That woman is so lonely. Her family doesn't want her."

¹¹Paul Tournier, Learn to Grow Old (New York: Harper & Row, 1971), p. 222.

¹²Ibid.

¹³For full context of conversation see Appendix F.

Ethel perceived it as such, for her hospitalization was long term, her husband had just died, and her family had decided she was to live at Hale Makua. She was confused by such rapid change and did not know how to cope with it. On several occasions I arrived at the hospital and found her standing by a wall trying to cool her head by placing it against the concrete.

Weeks later Ethel was transferred to Hale Makua and listed my name as someone she would like to come see her. The staff questioned her as to why she wished to see a Protestant minister instead of a priest, since she was Roman Catholic. She responded, "He's the one I want to see. He's my friend." Ethel expressed that she had no control over her circumstances and would simply like to die. Her situation was not unlike the tendency toward life review, the feeling of powerlessness, and being suspicious of others described by Robert Butler in Chapter III.¹⁴ Ethel has since been able to return to live with her family.

To realize that anxiety is not excluded in the faith of a religious person helps in coming to terms with the fact that one need not repress anxiety to give the appearance of strength. To recognize weakness and to be honest with oneself, admitting anxiety, is a more honest approach. Being with a person at the point of death will not remove all anxiety, but through the human presence there is at least the possibility of supportiveness.

Tournier, in sharing experiences of relationships he has had with friends and patients, concludes that while his old age has meaning, he is

¹⁴Robert N. Butler, Why Survive? Being Old in America, (New York: Harper & Row, 1975).

able to look to the future and what is beyond death. According to Tournier, when a person looks for meaning in the later years there is a deeper seeking about the meaning of death.¹⁵ In further expressing the concept of supportiveness (Tournier terms it "participation") as death nears, he cites K. R. Eissler speaking about what a psychiatrist may do with a person about to die: "What you really do for a person who is dying, is to die with him."¹⁶

Sharing the scriptures with a person who is dying is one way to relate the Christian hope at the point of death. A resident at Hale Makua has done this with several friends as death approached. In each instance the person who was dying thanked this individual for reading a portion of scripture.¹⁷ I read the scriptures to Mrs. Towner (mentioned earlier in this section) and to Rev. Serapio Afalla prior to their deaths.

The Apostle Paul, in reviewing a life of numerous imprisonments and close calls with death, could express his unshakable faith in God's love through Christ. Paul did not claim to have captured the perfection he described to the Philippians, however he urged such a calling as a mature and relevant response in facing the adjustments demanded by later maturity:

Indeed I count everything as loss because of the surpassing worth of knowing Christ Jesus my Lord. For his sake I have suffered the loss of all things, and count them as refuse, in order that I may gain Christ and be found in him, not having a righteousness of my own, based on law, but that which is through faith in Christ, the righteousness from God that depends on faith; that I may know him and the power of his resurrection, and may share his sufferings, becoming like him in his death, that if possible I may attain the resurrection from

¹⁵Tournier, pp. 213-218.

¹⁶Ibid., p. 224.

¹⁷See Appendix C.

the dead.

Not that I have already obtained this or am already perfect; but I press on to make it my own, because Christ Jesus has made me his own. Brethren, I do not consider that I have made it my own; but one thing I do, forgetting what lies behind and straining forward to what lies ahead, I press on toward the goal for the prize of the upward call of God in Christ Jesus.¹⁸

Opportunities for Participation in the Social Environment

Hale Makua residents often sit in the hallway by their door to pass the time or catch a glimpse of activity. Nurses and aides move about responding to calls for assistance. Medication or cleaning carts will frequently pass by. Periodically one sees a social worker administering a test for agility or time-response. Throughout the week, but particularly on weekends, visitors are seen calling on relatives or friends. How may the residents of a nursing home participate in a meaningful way with their social environment?

Friendship and reminiscing groups. Small groups and worship services afford opportunities for interpersonal relationships, friendships, and companionship in an atmosphere conducive to making new friends.

Friendship groups meet every weekday at Hale Makua and are generally arranged by ethnic grouping. Some of the residents attend more than one group during the week because they like being with other people. The friendship circles are led by a social worker and include Hawaiian singing on Monday, a hymn time on Tuesday, a Wednesday morning mass and hymn-sing for Portuguese Catholics, a Thursday afternoon Filipino group (Mabuhay), and a Friday friendship circle which mostly has Caucasians in

¹⁸Phil. 3:8-14.

it. As of October, 1978, twenty-six residents participated regularly in various circle groups. News articles, songs, and inspirational stories are appreciated by the group members.

The Bonzai Circle, an occupational therapy activity, meets weekly with Buddhist priests coming on a rotation basis to provide cultural news, music, singing, and inspirational readings.

Appendixes A and B give accounts of two friendship circle meetings. The accounts indicate a variety of topics which interested the group members: relationships with other Christians, letters from friends, discussion about religious beliefs, sharing thoughts about new and old pictures, relating favorite scripture verses and poetry, and sharing favorite songs.

Reminiscing was an active part of group discussions, as evident when the topic focused on old stone wells which were used years ago for obtaining water. All in the group either sang or hummed along to the tune of "The Old Oaken Bucket."¹⁹

Aging persons have little control over their living conditions in the sense that such conditions are largely subject to a local's political and geographic determinants. Even less can be done about gradually decreasing physiological efficiency of organs and sensory equipment. Memories, therefore, take on a significant importance since the mind is able to willfully intervene in thought patterns.

Reminiscing, according to Priscilla Ebersole, R. N.,²⁰ is largely used to "maintain self-esteem, reaffirm a sense of identity, work through

¹⁹Appendix B.

²⁰Priscilla Ebersole, R.N., "From Despair to Integrity Through Reminiscing with the Aged" (San Francisco: San Francisco State University School of Nursing, December 2, 1972), p. 1. (Mimeographed.)

and absorb personal losses," and to contribute meaningfully to society. Ebersole goes on to maintain that one's age never hinders the emergence of integrity from despair. This becomes evident as the leader of a reminiscence group benefits from the interconnection between details of bygone eras and events of the day. While the leader is the beneficiary of a generation of experiences, the historic past is not as important as the

personal, present, selective remembrance of the past. The reminiscer offers selections from an enormous reservoir of experiences which have initially been selectively perceived and are presently seen through the filter of the day's activities and contacts while weighed in relation to the perspective of the past.²¹

Selectively remembering the past and the emergence of integrity from despair is evident in Appendix E as Fred Wright recalls how close he came to being an officer during World War I. Wright saw his involvement as not having "made the grade," although he did complete the course for a commission in what he recalled as the first training camp in the country.²²

There is an opportunity for the residents to socialize during and immediately after noon lunches. A room adjoining the large dining facility is arranged to seat four persons in an attractive setting which opens on an outside foliage area. This arrangement makes it possible for several persons to enjoy a quiet atmosphere and to visit as long as they wish after finishing their lunch. When our church's floral arrangement for the altar is particularly nice I take it to the social worker to use in this setting.

Worship services. For a number of months two Maui churches rotated the responsibility for a weekly worship service on Sunday afternoons. The ministerial association arranged for a different denomination to have the

²¹Ibid., p. 5.

²²Appendix E.

service each week, an arrangement which has worked quite satisfactorily. The services are held in a day room in a wing of the facility which is not as busy as the main entrance area. It is helpful to have a piano player to accompany hymn singing and for youth and adults to assist in getting those in wheel chairs to and from the day room. About one half of the persons attending the services are in wheel chairs.

A typical service will consist of the pastor introducing new persons, the group singing hymns which it has selected, and sharing needs and concerns before a prayer time. Scripture passages, a message, and closing hymns comprise the remainder of the forty-five minute service.

One Sunday the service was interrupted periodically by a woman asking to sing more hymns. As I started with the scripture, she said, "That's enough talking now. Let's sing." So we did. During the sermon this lady repeated the same request. Someone volunteered information that this person liked to sing "Jesus Loves Me" but thought there was a problem in that "We don't have no music for it." The pianist improvised nicely and the group enjoyed singing the request number, particularly the lady who had asked for more singing. Prior to that time she had dozed off, but now she slapped her legs and moved about in wheelchair as she sang.

On another occasion this same woman was quiet for part of the service, then broke forth with a hymn as the message started. She wheeled herself about the room and asked questions which were disoriented. One of the persons assisting with the service wheeled her back to her room after she requested to leave.

Hale Makua has its own "evangelist" in the person of an 80 year old woman who encourages persons to attend Sunday afternoon services. Mrs.

Jessie Kirchmeyer keeps a list of those who attend services. Once when she was asked about ways to get people to attend she related:

"One of the ladies was wondering how I talk religion to people. When I get acquainted I don't talk religion -- I live it!

"You've gotta be friendly with 'em. Tell them we have music and good singing and talkin'." ²³

The worship services are an important part of the weekend activity for some of the residents. Regardless of the time I arrive to begin bringing persons to the service, sometimes an hour before starting time, people have already gathered in the day room and welcome each person who arrives for the service.

Giving Support in Dark Days, Crises, and Needs

A number of persons at Hale Makua live in situations of chronic isolation, staying largely in their own living area, eating their meals in their room, and seldom venturing forth into the world of the rest of the nursing home. While a reality-orientation program is able to draw some people out, others are deeply in need of one-to-one relationships which will assure them that they are not adrift in a sea of people.

According to an occupational therapist at Hale Makua, "persons with handicaps who are looking for someone to hang on to seem to have little hope for the future." ²⁴ There is a problem in determining how to follow through with persons who are borderline between institutional care and home care.

²³Statement by Jessie Kirchmeyer, Hale Makua resident, personal interview, Wailuku, Maui, Hawaii, December 22, 1976.

²⁴Statement by Florence Parkhurst, Occupational therapist, personal interview, Wailuku, Maui, Hawaii, February 26, 1977.

The financial aspect of paying for services at Hale Makua is a serious concern for some residents. Inflationary trends have doubled the rates within the last five years and there is little other choice than to go on Department of Social Services support.²⁵

Assuring individuals that the social worker will meet with them and counsel with them regarding financial matters has been part of the pastoral role at Hale Makua. Most residents express that they have very little physical need or interest in monetary matters. But there are those who feel they do not receive enough money in their month's stipend which comes from social security checks or other savings which have gone to the nursing home upon admittance.

Every period of life will present various crises. While every age group has adjustments and changing conditions, the crises of adolescence and later maturity appear to be weighted with more tension and stress than any other age period. Older persons, especially, are confronted with physiological changes, changes in their status, and numerous losses.²⁶

²⁵Rates as of November, 1978, exclusive of medication, are \$45 daily for a private room and \$36 for a four bed room (yearly cost for a resident is currently \$13,323 in a room with four beds and \$16,425 for a private room). See "Hale Makua Patients/Residents Rights," (Wailuku, Maui, HA:November, 1978), p. 1 (Mimeographed.)

Rates include occupational therapy, social services, nursing care, and laundry. Speech therapy and restorative physical therapy are extra. It is evident that the cost for long term residency would force even the well-to-do elderly onto Department of Social Services rolls within a period of several years. Therefore it is not surprising that Department of Social Service "approval" has become a routine step in transferring patients from hospital care to the Hale Makua facility.

²⁶Paul B. Maves and J. Lennart Cedarleaf, Older People and the Church (New York: Abingdon-Cokesbury Press, 1949), p. 67. This book was the first comprehensive attempt to consider the needs of aging persons in relationship to Protestant churches. Funding for the study came from the Federal Council of Churches and from the general boards of education, missions, and church extension of the Methodist Church.

Of these three life tendencies, the biological factors of physiological changes effect both men and women as the sexual drive wanes and the reality of the biological aging process brings physical limitation. Regardless of age, there is an intrinsic beauty making for personal attractiveness. Later maturity, however, does bring changes which may be deforming, disabling, or limiting in active involvement.

The forcing of compulsory retirement at an arbitrary age, regardless of the individual's capacity or desire to terminate active work comprises one of the greatest strains and injustices for older people. Forced retirement is a crisis when men or women have attained status through their work or salary level but are considered as expendable.²⁷

Retirement or financial reverses result in readjustments of life style. Infrequency of travel, limited by lack of funds, is especially difficult for close-knit families. This is the case for James Dryer, a retired sugar-mill worker who has family on other islands. When he could no longer travel because of physical incapacity, Mr. Dryer would pay the airfare for family to come see him. Although more comfortably situated now than when they lived in their small plantation-type dwelling, there is not enough money to pay for plane fare for the family to visit. With or without this incentive, there is the further disappointment that family still close by rarely comes to visit.

Prior to the Dryers coming to Hale Makua the Home Health Services contacted me on several occasions to help with various needs, including the

²⁷See Appendix E for account of Mr. Wright's business associates regarding him as expendable.

explanation of financial matters. Explaining money management to a person in the nineties, when there is a scarcity of funds, should not be underestimated. Mr. Dryer managed fairly well in such matters as buying household essentials or in purchasing Christmas gifts prior to moving to the nursing home. His persistence, however, in refusing to pay certain bills brought consternation to those firms expecting payment, particularly in the realms of utilities, housing, and medical care. Many of Mr. Dryer's financial problems have been eased since moving to Hale Makua, even though this meant giving up the old house where he and his wife lived for many years.²⁸

Sickness and chronic disability are two of the more crucial crises in the lives of nursing home residents. Support and encouragement during these periods is borne largely by the nursing home staff, for they are the ones in constant touch with the needs of the residents. This should not detract, however, from the supportiveness which can come from family, pastor, or friends as concern and interest are expressed.

The reality of the loss of physical capacity or the use of the senses is quite evident as one walks about the Hale Makua facility greeting the residents. Hearing disorders are among the more frequent disabilities and detract markedly from attempts to carry on conversation.

When our church group caroled at Hale Makua I sat down by a woman who informed me that her hearing was quite bad and that she could not sing along with us. We changed the hymn to "Silent Night" and she was able to sing right along because of her familiarity with the melody

²⁸See Chapter II for discussion about confronting loss.

and words.

To greet persons in the hallways, in the dining room, or as they sit by their doorways, provides a link for the elderly to the mainstream community. As a resident commented to our church group, "I'd like to follow you right down to your church so we could have a service."

What are the activities and experiences which tend to satisfy basic social and psychological needs in individuals? Are there ways to alleviate the feelings of loneliness and being unwanted?

Helping Satisfy Basic Socio-psychological Needs of Older Persons

The needs of the elderly are not unlike those common to all persons, but special needs do exist because of the fact of age.

Robert Havighurst lists the following necessities which need to be met in order to avoid basic social problems with aging persons: (1) emotional security and affection (experiencing love and orderliness in the world), (2) social recognition and status (being treated with respect), (3) sense of worth and self-respect, (4) "adequate food, clothing, shelter, and health."²⁹

Havighurst points out the impersonal nature of society and the vulnerability of the individual, distinguishing four principles and contributing factors which affect the social and psychological needs of aging persons.³⁰

²⁹Robert J. Havighurst, "Social and Psychological Needs of the Aging," *Annals of American Academy of Political and Social Science*, CCLXXIX, (January 1952), 11.

³⁰*Ibid.*, pp. 11-17.

First, there is the fundamentally important mental health need which finds old age "insulting"³¹ the person. Physical attractiveness diminishes, supporting persons are claimed by death, status and prestige tend to lessen after middle age, useful and respected roles disappear, and health and vigor are on the wane.

Various developmental needs appear next as new problems are faced and solved. Spouses must adjust to the death of their mates, employment terminates, income is reduced, and there is an increasing "affiliation" with others in one's age grouping. Decreasing strength and physical vigor accompany slowing nutritional and sensory processes, while satisfactory living arrangements must be made.

A third category, group needs, takes the form of community attitudes and services. Satisfactory social roles are important, as are social recognition and self-respect. Opportunity for gainful employment or economic security is essential, along with the need for social and recreational facilities and health services.

The last category places a great deal of responsibility upon the individual, for it involves the manner in which the aging person lives in relationship to his or her years and the defense mechanisms (irrational and rational) used in meeting personal needs. Irrational defenses include memories and fantasies, regression to infancy, loss of hearing, sight, and memory, and hallucinations. Positive, or rational defenses will involve

³¹Terminology Havighurst credits to Dr. Jack Weinberg. See Weinberg's "Mental Health Needs of the Aged" in Proceedings of the National Conference of Social Work, 1948 (New York: Columbia University Press, 1949), pp. 403-409.

the efforts to take good care of one's body, making new friends, exploring political and economic problems with an interest toward civic betterment and community service, new leisure-time activities and hobbies, release of one's children, and avoidance of reminiscence.³²

Havighurst believes that individuals need to find rational and practical ways to meet needs which will bring social well-being. Communities also have the important responsibility of creating the conditions which will bring to older people lives which are reasonably independent and emotionally satisfying.³³

Effective psychotherapy services have the potential to help elderly persons cope, according to Margaret Huyck.³⁴ Therapists, Huyck maintains, have been prone to view the elderly with too much rigidity to change and are themselves fearful of the inevitable confrontation with their own mortality. The effectiveness of therapy with older adults has been appreciable, however, because of the desire to change, irrespective of age. Other important aspects of change include intelligence and emotional flexibility.

³²Havighurst sees no redeeming qualities in reminiscence, when, as he terms it, the "insidious habit" seeks to "entertain." It would appear, however, that the elderly can benefit from group reminiscing even though in-depth relationships may not be satisfied. Havighurst and Glaser (1972) found that there is a natural inclination for persons of all ages to reminisce in silence, particularly because people felt their memories could not be shared when such memories seemed foolish, inappropriate, or dealt with sexual matters. See Priscilla Ebersole, R.N., "From Despair to Integrity Through Reminiscing," p. 2, and earlier discussion in this chapter.

³³Ibid., p. 17.

³⁴Margaret Hellie Huyck, Growing Older: Things You Need to Know About Aging (Englewood Cliffs: Prentice-Hall, 1974), p. 172

Retaining individuality is important in meeting basic socio-psychological needs. Housing is a case in point, since society does not always see that the elderly have a range of selectivity. Some aging persons want to live in apartments where they may eat at a central facility, have maid service, and someone to check to see how they are getting along. Others do not wish to live alone for fear of no one discovering their need for days on end. Whatever choice is made regarding housing, there should be allowance for retaining some personal furniture and items.³⁵

Communities for older adults are preferred by some elderly persons. Others prefer more of a family setting and miss the liveliness of children. Day-care centers are the preference of still others and often offer programs, stimulating activities, or a noon meal. In respecting the social needs of the aging it is important to remember that when a person does enter a nursing home, self-respectability precludes treating the residents of the home as infants. Those providing care may forget that the elderly can do things for themselves, can hear and think, and can maintain self-care functions.

Hale Makua takes many of these points seriously. Personal items are permitted, particularly for bookshelf areas. Those who want to may help clean the dining area after meals. Several of the men clean tables and straighten up the chairs. This gives a measure of responsibility as

³⁵See Charles H. Percy, Growing Old in the Country of the Young (New York: McGraw-Hill, 1974), pp. 83-89. Percy describes the Bensenville Home, located in a Chicago suburb. Operated by the United Church of Christ, the home encourages and expects the residents to stress their individuality. Residents may bring personal furniture with them, wear their own clothes, and determine the color of their room. The home seeks to be a therapeutic community instead of a custodial care institution. Retaining privacy is thought preferable to segregating men and women or married couples.

persons contribute within the realm of their capability.

Various groups which come to Hale Makua provide social contact with the community. Elementary classes from a nearby parochial school periodically present special musical programs following the lunch hour.

Transportation is provided for those residents able to go on shopping excursions or able to attend community events and functions.

A group of about fifteen persons from our church sang carols at Hale Makua prior to Christmas. The Choral group consisted of family groups and a wide range of ages. A woman sitting in a chair in the hall held her arms out indicating she wanted to hold a young child. The mother obliged but it was immediately apparent that there was going to be difficulty in getting the woman to release her hold on the child's arms. A staff member was summoned and the woman responded as directed. In thinking about this incident I wondered how often this woman saw infants.

Paul Tournier makes an excellent case for intermingling young and old as he describes the importance of contact between the two age extremes.³⁶ He maintains there is much to learn from those who have lived life fully and that the basis of authenticity resounds in recognizing the basic personhood of the individual:

If an old man sees that you are really interested in his personal life, you will see a wonderful transformation take place in him. His eyes that seemed dull will light up with a new fire; his face will come alive with unexpected emotion. He felt that he had been thrown on the scrapheap, and all at once he comes to life again, becomes a person once more. Just like the child, the old man needs to be spoken to and listened to in order to become a person, to become

³⁶Tournier, p. 72.

aware of himself, to live and grow. You will have brought about something that no social service can ever do of itself: you will have promoted him to the rank of person.³⁷

To experience love and personhood, to meet the basic social and psychological needs of belonging, to be appreciated and understood, are perhaps the most important needs in alleviating feelings of loneliness and being unwanted.

³⁷Ibid.

CHAPTER V

RECOMMENDATIONS FOR CHURCH PROGRAMS

Governmental action and the concern of families can alleviate much of the ranker injustice of ageism, but the basic problem is in re-ordering the values of society. While this is not easy or even a likely thing for society to do, nevertheless the church can be supportive of aging individuals as they do the best they can in facing ultimate concerns and lead the path for the next generation.

One affirmative role for the elderly is to demonstrate how to live and how to die. In this regard the aged have the responsibility of showing the next generation how to face ultimate concerns. As octogenarian Scott Maxwell puts it: "Age is an intense and varied experience, almost beyond our capacity at times, but something to be carried high. If it is a long defeat, it is also a victory, meaningful for the initiates of time, if not for those who have come less far."¹ Perhaps if society would be more alert to the expressions of its elders it would be more inclined to know what the elderly want.

Determining What the Elderly Want

It is important to know what the elderly require and what can be done to meet their needs, but it is more important to know what the elderly actually desire for themselves. However well-intentioned the observer,

¹Frances Harwayne (ed.) Advocates Handbook (2nd ed.; San Francisco: National Council of Senior Citizens, 1972), p. 26, citing "The Old in the Country of the Young," Time, XCVI (August 3, 1970), 49-52.

one will view a situation from one's own subjective viewpoint. Judge Benjamin N. Cardozo expressed this when he said, "We may try to see things as objectively as we please. None the less, we can never see them with any eyes except our own."²

While there are multi-dimensional difficulties in involving the elderly in the social and economic aspects of society, the church and secular agencies need to consider those measures which will reverse trends of ageism and invite older persons to full participation in life. A list of National Objectives for Older Americans, as stated in the Older Americans Act of 1965, points out the need for equal opportunity and free enjoyment of

an adequate income in retirement in accordance with the American standard of living.

The best possible physical and mental health which science can make available without regard to economic status.

Suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford.

Full restorative services for those who require institutional care.

Opportunity for employment with no discriminatory personnel practices because of age.

Retirement to health, honor and dignity after years of contribution to the economy.

Pursuit of meaningful activity within the widest range of civic, cultural and recreational opportunities.

Efficient community services which provide social assistance in a coordinated manner and which are readily available when needed.

Immediate benefit from proven research knowledge which can sustain and improve health and happiness.

Freedom, independence and the free exercise of individual initiative in planning and managing their own lives.³

Margaret (Maggie) Kuhn, founder of the Gray Panthers, described

²Mina Field, The Aged, the Family, and the Community (Chicago: University of Chicago Press, 1972), p. 235.

³Ibid., pp. 204-205.

the Panthers as "an activist group concerned with eliminating the rigid segregation of people by age."⁴ The movement began when Kuhn faced retirement at age 65 from her work in race relations in the United Presbyterian Church. It was suggested that she taper off so she used the opportunity to begin the Gray Panther movement, enlisting the help of six friends, all of them in their 60's. In an initial letter by Kuhn she stated what was to become the manifesto of the group: "We shall use our new freedom responsibly in the public interest."⁵

The organizing principle of the Panthers is worth noting because it gives insight as to what the elderly want. The elderly want to be part of a totally integrated society, they want the myths about aging dispelled, and they want to be appreciated, not deplored.⁶ As Kuhn points out, when retired persons become involved again in their community then each person as a citizen has a duty to ask such questions as:

1. What do you plan to do with the rest of your life?
2. What do you want your neighborhood to be like in the next five years? Who will take responsibility for changing/conserving it?
3. Who should plan the future? What work must be done to guarantee the future?
4. What new processes and institutions are needed for human goals?
5. for the well-being of the people?⁷

Clark Tibbitts has observed that among older people there is probably more agreement on what they want than there is accord on how to accomplish it. Five wishes are seen as representative of what the elderly desire: (1)

⁴Coby Black, "The Best Is Yet to Be," Honolulu Advertiser (February 22, 1978), Sec. C, p. 1, col. 2.

⁵Ibid., col. 3.

⁶Ibid., cols. 4-5.

⁷Dieter T. Hessel (ed.) Maggie Kuhn on Aging (Philadelphia: Westminster Press, 1977), p. 125.

long life, (2) conserving waning energies, (3) sharing in life's affairs, (4) preservation and protection of seniority rights, (5) Attaining as easy and honorable a death as possible.⁸ There is a wide difference of opinion, however, of how to fulfill these wishes in the later years.

What the Church Can Do

The church is confronted with the theological task of lifting up the importance of the social community and recognizing the inherent worth and value of each person in God's sight. In speaking to the rights of the aging the United Methodist Church affirms that

in a society that places primary emphasis upon youth, those growing old in years are frequently isolated from the mainstream of social existence. We support social policies that integrate the aging into the life of the total community, including sufficient incomes, increased and nondiscriminatory employment opportunities, and adequate medical care and housing within existing communities. We urge social policies and programs that ensure to the aging the respect and dignity that is their right as senior members of the human community.⁹

As the church embraces and shares in the human-divine relationship it is an important conveyor of the eternal dimension in life. Some persons are able to meet life and death with remarkable dignity and courage. Many have learned this through the teachings of the church or in and through relationships made possible by the church.

The larger dimension of life is not always clearly understood. While some persons question, doubt, and struggle, others see God as transcending the world, and live in the assurance of an individualized, person-

⁸Clark Tibbitts (ed.) Handbook on Social Gerontology (Chicago: University of Chicago Press, 1960), p. 88.

⁹The Book of Discipline of the United Methodist Church, (Nashville: United Methodist Publishing House, 1976), p. 92.

alized relationship with the divine source of life and love. A cartoon in The New Yorker shows an elderly couple with wings and halo situated on a cloud. The husband, apparently giving some kind of summary, meets a critical word from his wife: "But up here, Henry, there's no need to make a long story short."¹⁰ This represents the viewpoint which sees eternity as an endless future.

The church with its biblical/theological heritage has a great opportunity to re-shape and re-direct social attitudes and trends. The principle opportunities of the church are threefold: (1) affirming and communicating values, (2) calling the congregation to mission, and (3) empowering older persons.

The church is one of the institutions in the community which has an unavoidable responsibility to contribute to the decisions related to value systems in society. Values are formulated and stated in such areas as family, peer groups, work, leisure, and the church. The church has permitted the aged to be de-valued; therefore, its role is a crucial one -- to reverse the trend so that esteem replaces devaluation.

The role of religion is crucial in contributing to standards of judgment in both private and public values. Conditions and processes may be a consideration in making moral decisions, but the institutional church will often have the distinction of having created and nurtured the values.

The church has a God-given role to retrieve, restrain, and protect the worth of individuals and their human rights "irrespective of economic status"¹¹ or any other criteria which might affect the value of a life. The

¹⁰Jean Beaven Abernathy, Old Is Not A Four-letter Word! (Nashville: Abingdon Press, 1975), p. 150.

¹¹The Church and the Aging, (Austin: Texas Conference of Churches, 1974), p. 13. (Position paper.)

imperative is clear: as the church establishes and maintains values it cannot avoid affirming that the aged are significant persons in need of compassion, understanding, and someone to advocate for them.

The recovery of integrity and worthfulness for the aged is an issue which relates to the church's role of changing the values of society. Older persons often find themselves in environments lacking more than financial security --social and cultural patterns reflecting inadequacy or destitution in relationships, usefulness, creativity and joy. A rectification of such relational poverty is possible as the church utilizes biblical and theological doctrine and discipline to confront trends which de-value or threaten life.

Medicine and its fast developing technology is involved in moral and ethical decisions to which the church must address itself. Over the years medicine has contributed greatly to the perpetuation of life, but with advanced technology the time of death may now be prolonged and delayed. As an agent in providing ethical and moral guidelines in facing issues like euthanasia the church must deal with the problem and speak out now.

One fundamental difficulty confronting the church in reversing the dehumanizing and devaluing of the aging and the aged is its failing to practice what it preaches regarding its attitude toward aging. While mandatory retirement at age 65 is illegal in California, the church continues to practice it. It is crucial that the church be transparently clear in how it regards the aging and the aged so that other social institutions may re-evaluate their relationships with the elderly. Older persons generally feel they must apologize for slowness, deafness, forgetfulness, visual impairment, or other limitations due to aging. This

apologetic stance heightens the feeling that such actions are unacceptable. Because the Creator has not disallowed these aging processes, the church should be affirming rather than excusing them. Although it will not be easy, both church and society need to reconsider aging symptoms as natural aspects of the maturing years.

The local congregation has the responsibility to seek its missional calling to fulfill what it can do best. The total program of the church should so embrace the God-given importance of persons in its life that each individual will be significantly valued as a person of worth and integrity. There are varied areas of concern within the church's work and mission.¹²

Rendering assistance. In times of crisis, such as illness or death, the local church can be the first to render assistance. This is possible because the church as a community should ideally express compassion and understanding in the lives of older persons. The church has ready access to the needs of persons and families and may significantly meet human need as the lines of communication are kept open.

Help in preparing for retirement. The involvement of the church in helping people to prepare for retirement may help avoid the tragic waste of time and resources, often untapped in retired persons. A new perspective of retirement will help confront social and vocational displacement as well as facilitate growth and discovery during this vital time of change.

Employers, unions cooperating with civic leaders, welfare organiz-

¹²Ibid., pp. 14-15.

ations, universities, and governmental agencies are among those who have set up programs to help workers prepare for their retirement. Many of the programs are limited since they deal primarily with information relating to benefits available from social security, insurance, and pensions.¹³

While adequate income is an important area there is also the adjustment from active participation in the work-a-day world to the status which may give feelings of exclusion. Assistance may be helpful in clarification of feelings and attitudes regarding changes, fears, or anxieties.

Preparation is required in order to occupy the hours previously consumed by work. Some people are able to thrive in their retirement by playing golf and traveling. Others may find that the luster of leisure fades rapidly and that boredom and emptiness come amazingly fast. Considerable skill and foresight are necessary to convert some hobby of the work years into a productive part-time occupation during retirement. The important thing is that some preparation be made early enough.

Death and dying. The contribution of the church in the experience of death and dying brings the word of life received through Jesus Christ. While each person must confront this experience, the church in its ministry to the dying, and in comforting those who mourn, can offer what no other community can: "bear the witness, preach the word, and stand firm in hope."¹⁴

¹³Mina Field, Aging with Honor and Dignity (Springfield, IL: Thomas, 1968), p. 34.

¹⁴The Church and the Aging, p. 15. Specific actions for churches will be mentioned in the next section: "Activating A Plan."

Intimacy through congregational life. As the Body of Christ the church by its very nature is formulated by intimate relationships. In order for the ministry of the church to represent a meaningful unity, there needs to be involvement of all age levels in congregational life. The exclusion of a particular age-range can only work detrimentally to the total unity desired.

Designing and shaping ministry. Because of the contacts of the church with the community around it there is a natural access and outlet for participation in programs. Older members have much to contribute in the designing and shaping of ministries. It is not essential that programs be planned for older members because as the elderly are active in church life, they will contribute from their own creativity and experiences.

When the church decisively fulfills its missional role, the very course of history is altered. A wide range of missional outreach is possible as every sector of life is involved.

Because of its involvement as communicator and enabler, the church will find itself actively engaging in social services and politics. The church may forcefully work for better Social Security benefits, health care and transportation, engaging church facilities as centers for activities, nutritional programs and continuing education.

As the field of ministries with the aged expands into new frontiers, there will be areas where originality and creativity may be expressed. Complacency and self-satisfaction may be real temptations when ministries are offered and provided. The church needs to ask itself whether it will involve the elderly internally so that they are an integral part of the church's ministry.

Empowering the aged. A radical transformation of society's attitude toward the aged and the aging will more nearly become a reality when our culture can interact with older persons -- persons, who instead of being caught up in an identity crisis, are hopeful and alert users of time, whether learning, working, or playing. Included in this description are persons who find retirement an expanding, challenging time, rather than one of deterioration and demise. Such persons will utilize politics to work for legislation to benefit the total population. "Gray power", when viewed in this light, will be appreciated rather than ridiculed by those in society who believe old age is a non-contributing and powerless time.

Empowerment of the aged will involve a concerted effort in communicating to others that "old is beautiful." As the aged are involved in decision-making which importantly influences them, there will be a concerted and increasing refusal to be stereotyped and demeaned. Old age, therefore, can be beautiful when it involves an active role in the decisions of the power structure.

There are many program directions and models successfully bringing about attitudinal changes in congregations. The 1973 Assembly of the National Interfaith Coalition on Aging suggested the following techniques in working with older persons in the church and in the community:

1. Providing for intergenerational experiences involving children, youth, adults, and older adults.
2. Accepting responsibility for aging persons in the congregation and in the community in cooperation with other groups and agencies.
3. Making the total congregation sensitive to needs of the aging through creative programs of education (self-help groups, intergenerational groups, consciousness-raising groups, etc.)
4. Designing and committing physical church/synagogue property

to meet the needs of the aging.

5. Identifying and effectively utilizing human resources of the congregation and total community to serve the needs of aging.

6. Pooling and sharing information and skills in a congregation with the total community to serve the needs of the aging.

7. Utilizing the skills and experiences of elderly persons in congregation and community.¹⁵

It is evident in the above techniques that if the church is serious about its ministry to the aging then it will move into the areas of community and governmental programs in providing a full range of resources for the elderly.

The challenge for the church is whether or not it will be responsive to the work of the gospel. There is encouragement in viewing the sensitivity of the church in responding to the needs of all persons. This is most helpful because for this purpose God has given his creation the empowerment to meet such needs.

Activating A Plan

The scope of problems for the elderly is as broad as the needs of humans for compassion, love, and understanding. The church has the opportunity to help the elderly cope with widely diverse problems, thus contributing to the respect and dignity of the aging and to their fruitful contribution to the mainstream of society.

Congregations can utilize the capacities, experiences, and resources of older persons. The church should give more than lip-service to the involvement of the aged in what it is doing. The attitude of

¹⁵Donald F. Clingan, Aging Persons in the Community of Faith (Indianapolis: Indiana Commission on the Aging and Aged, 1975), p. 28, citing recommendations from the 1973 Assembly of the National Interfaith Coalition on Aging held at Chevy Chase, Maryland.

willingness to include the elderly in program planning and assigning work of importance is one way to avoid downgrading the elderly.

The church and society need to be open to the usefulness the elderly are able to render in recreation, education, and religious activities. Margaret Mead outlined the contribution the elderly may make and suggested utilizing the still productive energies of the aged:

We are not recognizing that grandparents are on the whole, the most vigorous, freest group in the population. Many of the men have gone as far as they are going to get, so they can quit competing. We should be utilizing them in the community. They should never be characterized as retired, as being out of the picture.¹⁶

The church is in a unique position to provide opportunity for older persons to give as well as receive. Such utilization of the talents of the elderly can provide satisfaction as well as useful service in making community needs known and in coordinating people's skills to fulfill needs. A referral center is one possibility in directing the elderly to useful activities.¹⁷ Mina Field suggests learning of the availability of new fields for voluntary service and finding qualified personnel.¹⁸

Maggie Kuhn urges churches and synagogues to respond to the opportunities they have for creative new ministries. She sees the following responses as appropriate activities in the church's continuing role with

¹⁶Field, Aging, p. 143.

¹⁷See John G. Cull and Richard E. Hardy, The Neglected Older American (Springfield, IL: Thomas, 1968), p. 55. Such a referral center did not rank high in a nationwide study by the Office of Economic Opportunity in 1970-71, Recreation was the top ranking priority goal, with education, health, and transportation following, Social action and referral were next, ranking below the half-way mark. Housing, morale-boosting, and meals ranked low while counseling was at the bottom of the list.

¹⁸Field, Aging, pp. 144-145.

aging persons.¹⁹

Educational-nurturing role. The church has neglected the spiritual-nurturing of its older people. One form of this is the age-segregation practiced in church education programs. Such setting apart is much like the age-graded education in the public schools. Intergenerational learning opportunities, special Sundays, and church family nights are alternatives to such age segregation.

Pertinent books and periodicals, cross-generational teaching and learning, or opportunities for life-review²⁰ are means the church may use for changing attitudes and giving insights to the educational process. There is always opportunity for experimentation in providing interaction between the young and the old. Kuhn cites the work of a Lutheran pastor in Philadelphia who contacted a high school social studies teacher. Through a class project teen-agers and older people were brought together. Fears, tensions, and incidents of theft subsided as trust was built.²¹

The counseling role. The pastor's training in counseling, which has often included clinical work, could be expanded by the expertise of lay people as help is given in preparing persons for retirement. Preparation needs to begin in the middle years to help alleviate the anxiety, fear, and loss of self-esteem which comes with the rapid psychological change of the later years.

Other areas which may need counseling include sex, social security

¹⁹Hessel, pp. 95-121.

²⁰See description in Chapter III and example in Appendix E.

²¹Hessel, p. 96.

benefits, and pension rights. When employers do not provide information or advice, the church ought to be ready with such counsel. There is also the opportunity to extend the church's counseling role to the community, seeking those who are isolated or unable to reach such services.

Congregations as extended caring families. While the church ministers to and involves its member families, there are other persons who do not fit the usual formula of family structure. These may be widows, widowers, divorced parents, or adult children who have moved away. They, too, are part of those needing mutual assistance and emotional support. The question is who will take the responsibility to provide this kind of support.

In the Presbyterian church, deacons have the obligation to visit the home-bound and economically disadvantaged. It is ironic that social service agencies employ workers to do what church members should already be doing as the work of the gospel.

Compassion is a commendable trait, but it is not enough. Actual contact with those who are shut-in is an initial start. The laity have the opportunity of finding out what the homebound need. Deacons or diaconal²² workers may train in order to provide counseling.

As people in the congregation show that they really care for each other there will be the desire to organize for effective ministry. The use of parish units or other geographical arrangements may help the congregation in its effort to be an extended family.

²²An office in the United Methodist Church which involves employment in the church or its related agencies. Personal, church, and professional standards are required for certification or commissioning as a diaconal minister.

The proclamation of the gospel. The moral tone of the congregation takes much of its tone from the pastor's pulpit. Some congregations arrange for several people to meet with the pastor to consider or choose a sermon text. This could be used in conjunction with concerns which older people face.²³ A coffee hour discussion after the service could add variety and also provide interaction. Preaching, rather than being accomodating, needs to challenge persons to be socially responsible.

The effectiveness of preaching depends on the congregation because "the church teaches by what it does."²⁴ As the church sets goals and makes decisions, the validity of its proclamation will be evident as it shows that it really is a caring community.

The social witness role. Another opportunity for ministry involves the responsibility of the congregation for social witness and action in a society with deeply implanted agist attitudes and policies. The church has channels for interpreting, communicating, and interacting, but it must first become aware of the problems.

Many people are concerned about the health and housing needs of their elderly relatives. While the church has built retirement homes to meet the crucial problems of housing, it also needs to look beyond the problems of persons in institutions to the plight of the elderly in declining neighborhoods. Since all but four percent of older persons live in the community, concerted attention needs to be given the problems of noninstitutional housing.

²³Textual study or sermon planning could focus on such passages as Ex. 20:12; Job 12:12; Ps. 71:9; 18; Prov. 21:19; Isa. 40:28-31; Cor. 4:16; I Tim. 5:1-2.

²⁴Hessel, p. 104.

Because of the rapidly expanding field of gerontology local church task forces feel quite frustrated in gathering information about legislation and organizations to help them confront the issues. State and area-wide agencies are probably the best place to start since their function is the coordination of services in cities and counties.

National organizations which are primarily concerned with providing direct services include the American Association of Retired Persons (AARP), the National Council on Aging, and the National Council of Senior Citizens (NCSC). These associations have local groups but are not activist in seeking social change. The AARP has a large insurance program and provides health policies to supplement Medicare and Medicaid. Besides offering reimbursement for extended hospitalization, this association also has a drug service to help reduce costs. The National Council on Aging is active in training and research, plus offering bibliographical materials and program resources. The NCSC works closely with the labor movement and retired union members providing health insurance and newsletters with information about local, state, and federal legislation.

Churches should be either on the mailing lists of these national organizations or on the lists of state organizations in order to be aware of legislation to support. The social witness of the church can affirm what older persons have contributed to society and utilize their experience, skills, and wisdom in pursuing a wider utilization of such abilities and services.

The church and the dying. The church has the responsibility to educate its people in the matter of dying with dignity. Many congregations encourage their membership to consider the Living Will. The purpose of this document is to relieve survivors of guilt feelings through a free and respon-

sible decision by the individual prior to death. Congregations who feel strongly about this could seek legal approval from the courts and bar associations.²⁵

Persons visiting the terminally ill are often ill-prepared to relate to someone who is physically deteriorating and mentally confused. Churches can train persons to counsel in this area just as they can offer counseling for retirement. Encouragement can be given to organize memorial societies and to be vigilant in observing the practices of funeral directors.²⁶ Forty-one states have memorial societies, many of which have a background of church sponsorship.²⁷

Retirement and nursing homes. When families can no longer offer the skilled nursing care required for their loved ones they often place the aging person in a retirement or nursing home. Abuses and neglect by nursing homes, ranging from profiteering to patient deprivation, have received wide attention in the media. In all probability, the nursing home

²⁵Ibid., pp. 109-112. The Living Will is a form prepared by the Euthanasia Educational Council, 250 West 57th Street, New York, NY 10029. Although not a probate document, the form urges the survivors to use no artificial or extraordinary means in prolonging life when "there is no reasonable expectation of ... recovery from physical or mental disability."

²⁶Once I questioned a funeral director about an excessive charge for his services. There had been immediate cremation and I happened to know the amounts charged for cremating infants and adults since I had recently paid for my own child's cremation. The director initially indicated there had been a clerical error and reduced the charge by less than \$100. I pursued the matter, granting that there should be a fair profit and the director further reduced the amount substantially. The family was never aware of my intervention but was pleased with the reduced cost.

²⁷For further information about such nonprofit associations, write the Continental Association of Funeral and Memorial Societies, Suite 1100, 1828 L Street, N. W., Washington, D.C. 20036. The Federal Trade Commission held hearings on funeral practices, which resulted in many funeral directors offering less expensive services. Lobbying by churches should insist on funerals meeting new and human standards.

industry will not alter its practices unless someone is watchful. The church can go beyond friendly visiting on a one-to-one basis to organizing residents and families of residents so that they receive adequate care and have someone to advocate for the rights and well-being of retirement and nursing home residents.

Maggie Kuhn makes an astute observation about the church's awareness of what has happened in nursing homes:

I often wonder why it took Ralph Nader and two young college students to blow the whistle on the nursing home scene, when for decades ministers and lay people have been visiting extended-care facilities as a part of their pastoral ministry.²⁸

How could those who regularly visited in nursing care facilities be oblivious to the quality of care being offered the residents? One possibility is that "ministry" was seen as one-to-one or person-to-person without regarding what Kuhn terms the "structural issues."

Good care should be affirmed and low quality care should be corrected, either by bringing it to the attention of the administrators, or if this fails, by advocating for enforcement of federal standards for those nursing homes receiving government funds.

The use of church facilities. A "production-line mentality" focuses only on getting lunches served hot and on time, but forgets that there are other possibilities beyond the use of the church as a nutrition site, clinic, or multipurpose center. Books and new ideas could be shared with people coming for their meal.

An intergenerational committee could present a program or simply start conversation with those waiting to eat by asking people where they are from or what work they did. As conversation commences, motivation for

²⁸Hessel, p. 113.

involvement will possibly increase. A catalyst, however, is needed to get such involvement started.

A task force on aging. An action-oriented task force on aging with at least a small working budget can direct its efforts toward changing the corporate structures of church and society. Possible areas of work for such a task force could include: (1) studying the age span of the congregation, (2) enlisting older people to teach church school or be "foster grandparents", (3) focusing on issues such as poverty, income maintenance, the expense and procuring of quality health care, housing, court and penal reform, "media-watching" to see how aging is depicted in programming and commercials, or the use of retired clergy as ethical counselors for corporate management.

Change in seminary education. The local church should be insistent that theological education give more attention to pastoral work, including the relationship of the minister to aging persons in the church. The churches and the seminary faculty need to have dialogue, particularly in the field of social ethics. Biblical-theological awareness is essential but so is the undergirding of new ministries.

Many churches feel they lack the expertise to venture into new ministries. The conference or presbytery leadership can encourage churches on a geographical or membership basis to undertake and commit themselves to serious ministries. Church and community often have resources and expertise which are overlooked.

The church often hires people or lets its own staff carry out new tasks or ministries. This only mirrors the trend in society to downgrade the potential of older persons and the practice of relying on professionals.

The church must move forcefully in confronting the oppressive and constraining forms of ageism.

Just as theological education will need to change in order to undergird new ministries, so must those in the field of scholarship be sensitized to the damage of ageism. Biblical and theological perspectives will make a major contribution to the changes and ministries of congregational life. It is an exciting time to watch the possibilities unfold as the church fulfills its work with the aging. As Maggie Kuhn concludes: "A second Reformation waits in the wings!"²⁹ "All of this sure beats Geritol!"³⁰

Besides Kuhn's suggestions for creative ministry there are additional steps which will help a congregation determine how to effectively minister to the aging. Older persons should be an integral part in using helpful tools in congregational programming. One such tool is the planning cycle which begins by (1) finding out the specific needs of older persons in the congregation and community. Once the needs are discovered then priorities can be determined. (2) The next step in the planning process is in choosing appropriate programs to meet the specific needs. (3) After the needs are known then resources can be found to implement the program. Older people should be included as resource persons in staffing (paid or volunteer), in arranging for facilities and in locating program tools or funding. (4) The concluding step in the planning process is to evaluate the effectiveness of the program. This step will not only change existing programs and ministries but may lead to the discovery of

²⁹Ibid., p. 121.

³⁰Ibid., p. 122.

new needs or priorities, thus preparing the way for the planning cycle to begin again.³¹

Cooperation with community Agencies

Another area where the church has the opportunity to fulfill its missional calling is in the combined life of the institution and the community. Both church activities and community services represent important areas for involvement. Congregations need to be aware of the needs of their older members and to utilize the many community resources which can strengthen their corporate life.

A rising tide of public attention and interest in the problems of older people, started in the early 1930s by the unusual Townsend movement (already discussed in Chapter III), waned after the Federal Social Security Act was enacted in 1935. The work of public and private welfare agencies developed after this time, along with such pioneering programs and organizations as old age counseling centers, schools for older people, clubs, recreation centers, and courses in gerontology at some universities.³²

Congregations and communities need to move together in their respective religious and secular programs. Realizing this, the National Interfaith Coalition on Aging committed itself to the objective of stimulating

cooperative and coordinated action between the nation's religious

³¹Clingan, pp. 11-15.

³²Paul B. Maves and J. Lennart Cedarleaf, Older People and the Church (New York: Abingdon-Cokesbury Press, 1949), p. 19, citing Richard Neuberger and Kelley Loe, "Old People's Crusade," Harper's (March 1933), and Robert Harris, "Dr. Townsend's Marching Soldiers," Current History (February 1936).

sector and national secular, private and public organizations and agencies whose programs and services relate to the welfare and dignity of aging people.³³

The National Voluntary Organizations for Independent Living for the Aging (NVOILA), a program unit of the National Council on Aging, is an organization encouraging community teamwork for the aged by helping foster independence as long as it is not detrimental. To accomplish its purpose NVOILA developed a program called Operation Independence which established community standards and patterns for programs and services to help older adults. Organizations represented by NVOILA include (1) health, retiree, and geriatric interests, (2) church, synagogue, fraternal, professional, youth, minority, women's and welfare groups, and (3) civic clubs.³⁴

Several categories of basic services and selected programs³⁵ were chosen by NVOILA to help older adults live in their own homes: programs of information and referral, direct service, and advocacy.

The church can cooperate with or participate in community work through its service or action programs. Facilities may be offered to provide headquarters for organizations. Church publications may be used to communicate program ideas and available services. Many programs offer opportunity to use the skills and energies of older persons, in itself a contributing factor to the well-being and health of the participants. There is also the potential of intergenerational experiences. These programs bring older and younger persons together and help bridge the generation gap.

³³Clingan, p. 47.

³⁴Ibid., pp. 47-48.

³⁵See Appendix H for detailed list.

The planning cycle, described earlier, may also be helpful as the church develops life enrichment ministries for aging persons. Donald Clingan suggests the following model:

1. Clarify the mission of the church.
2. Organize a task force, including older persons on it, to gather data for analysis.
3. List and evaluate existing programs.
4. Determine the area of the church's responsibility.
5. Identify other churches and community agencies with which to combine forces to be more effective.
6. Identify key decision makers and implementers in the church and community.
7. Set goals and hoped-for outcomes.
8. Set action plans into motion.³⁶

The Role of the Pastor As a Member of the "Healing Team" in the Community

The work of the pastor involves meeting a variety of persons and working with programs and activities which have a wide range of interest. As the pastor preaches, teaches, visits, administrates, and engages in ministerial work, he will be sought for counsel and leadership in situations involving aging persons.

Henri J. M. Nouwen touches the heart of individual pastoral care and its relationship to the personal and spiritual life of the pastor by saying that "a Christian minister will never be able to be a minister if it is not his own most personal faith and insight into life that forms the core of his pastoral work."³⁷ As Nouwen observes: "For a man of faith no meeting is accidental."³⁸ Every pastoral contact gives rise to basic questions of theology, "questions of sin and salvation, guilt and

³⁷Henri J.M. Nouwen, Creative Ministry (Garden City, NY: Image Books, 1978), p. xxiii. See Chapter 3 which focuses on the relationship between individual pastoral care and the minister's spirituality.

³⁸Ibid., p. 62.

forgiveness, isolation and reconciliation, and finally, of life and death."³⁹

Modern society with its machines, inventions, mobility, and communication has grown complex along with new anxieties confronting persons who inhabit vast urban and industrial areas. The need for skillful pastoral leadership in the healing of souls has never been greater.

Paul Johnson's comprehensive work in the field of pastoral care affirms the need for pastors to "understand with compassion the sufferings of the human soul, to comfort and affirm true aspirations, to counsel and strengthen men and women to resolve conflicting tensions and make their way through distress and confusion faithfully."⁴⁰ Johnson defined pastoral care as "a religious ministry to individual persons in dynamic relationships, arising from insight into essential needs and mutual discovery of potentialities for spiritual growth."⁴¹ The pastor, according to Johnson, essentially cares for persons: first, by showing an affectionate concern; and second, actively meeting their spiritual needs.⁴²

The church has the unique opportunity to equip and guide persons so that their closing years of life are fulfilling ones. The goal in accomplishing this is not so much to keep aging persons busy as it is to guide, counsel, and affirm their worth. The church and its supporting agencies can provide essential linkage between the elderly and the com-

³⁹Ibid., p. 63.

⁴⁰Paul E. Johnson, *Psychology of Pastoral Care* (New York: Abingdon Press, 1953), p. 192.

⁴¹Ibid., p. 24.

⁴²Ibid.

munity. The healing team is made up of many parts and the pastor is an integral part of the team.

Personal calling by the minister is one of the basic functions of pastoral care. Several elements are essential for the effectiveness of pastoral care. One important factor is the person's degree of receptivity. Another component is the pastor's knowledge and gift for empathetic understanding. A third aspect of pastoral help involves the constructive relationship between pastor and parishioner which will facilitate the person's capacity to face and deal with conflicts and problems.⁴³

As clergy are sensitive to the expression of concerns and hurts there will be opportunities for ministry in the community. Initial pastoral contacts will often lead to further visitation, as was the case in my making a hospital call which led to the request for me to call in a nursing home. A woman questioned me about my coming to see her (after having made the request): "You mean you're here to just see me?" I assured her that was the case and she contemplated it for a few moments before our visit continued.

Pastors are often asked to give advice when there is a time of crisis in the life of an older person. This is an opportunity to affirm insights, clarify issues, state alternatives, or suggest positive steps of action.

Self-reliance and participation in society should be encouraged as older persons continue to function in their own setting. The practice of finding foster homes for older people is an increasing trend. The

⁴³Maves and Cedarleaf, p. 85.

pastor is in a key position to render counsel to social agencies or individual older persons as these homes are sought among congregational members. The pastor and the congregation may also help in the adjustment period by their continued visitation and spiritual support after a person enters a retirement home or health facility.

Clergy and local congregations may work together with ministerial associations and councils of churches or community organizations in influencing the social patterns of the community. The problems surrounding retirement (mentioned earlier in this chapter) are very real. While retirement rules may be needed, they often make no provision for the older person who is still capable. The pastor and the institutional church should encourage firms to permit exceptionally active and capable older persons to continue their work on a yearly basis so that there would be a measure of protection for the individual and the firm. A happy medium needs to be considered so that a person neither works indefinitely nor is cut off indiscriminately upon reaching a certain age.

Carroll Wise has observed that the pastor has great opportunity "in the normal crises of life where he has a natural relationship."⁴⁴ Many persons are helped through a crisis in a relatively short time. The sick and bereaved are among those needing the pastor's services. While some persons turn readily to the pastor for help, there are situations which warrant referral or caution, as in the following: (1) physical complaints, (2) sudden changes of personality, (3) marked symptoms of mental illness (depression, delusions, bizarre religious ideas), (4) severe neurosis, (5)

⁴⁴Carroll A. Wise, Pastoral Counseling, Its Theory and Practice (New York: Harper & Brothers, 1951), p. 113.

repeated failures (such as alcoholics, those with severe sexual problems, or criminals), (6) change of life, (7) the aged and the aging.⁴⁵

The pastor, however, need not vary from being an empathetic listener and responsive counselor when an older person comes for help. Whether there is crisis or monotony for the older person, the pastor still needs to be perceptive in sensing the "depth and genuine warmth of feeling beneath the rugged stoicism of the advancing years."⁴⁶ Patience and compassion on the part of the pastor will be a source of strength to the person facing a dilemma or suffering.

The challenge and the opportunity for the church — indeed, its primary task, is to continually bring the healing of "the whole gospel to the whole world."⁴⁷ Harvey Seifert has described program evangelism as the church meeting the needs of people outside its walls. This, according to Seifert, involves community work. As Christians seek to be more effective witnesses, herein is the potential to share that word of healing or encouragement, to relate what faith in Jesus Christ means to us, the fact that something wonderful has happened to us, and that we could not get along without it.⁴⁸

To the degree that we enter into the thoughts and feelings of the elderly — coming to terms with our own aging — we will have commenced with making a genuine contribution to the fulfillment of older persons.

⁴⁵Wise, pp. 108-114.

⁴⁶Johnson, p. 192. See the section in Chapter VI entitled "The Advancing Years," pp. 184-192.

⁴⁷Opinion expressed by Harvey Seifert in an address at the Hawaii District Conference, Honolulu, January 29, 1976.

⁴⁸Ibid.

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APPENDIX

APPENDIX A

Friendship Circle at Hale Makua, April 13, 1977, taped

Fred: * (reading a letter)

"Dear Fred, Lucille, and the Friendship Circle,

"We think of you often, Fred. And dear Lucille, and all the other dear ones at the hospital. Do hope you all had a joyous Easter. Joyous because we have a living, risen Savior.

"Arthur has been busy at the beach planting all the vegetable seeds and plants. He will be finishing the greenhouse that he started, next year and then he hopes to get started on a utility room for me. He has quite a bit of fence and house-painting in mind for me and I love to paint.

"I am back at my oil painting lessons and enjoy it so very much. But, oh dear, there is so much to learn. I wish I had started years ago. We are in our apartment in Toronto for a few days. It is lovely just now with the daffodils and tulips and so forth in bloom and the Japanese plums and many, many other blooms blossoming. Toronto is like an English garden at this time of the year.

"Arthur says he hopes you are enjoying your chess game as usual and he is looking forward to beating you one of these days.

"We hope to be down in Maui again towards the end of May. But my brother and his wife will be with us, so we may not be able to get around quite as freely. My brother, John, is not a well man, having had two heart attacks and also is a diabetic. So he must lead a quiet life.

"Please tell all our friends at Hale Makua that we think of them often and look forward to seeing them again.

"We pray for you all. Much love.

"Your friends,

"Ermine and Arthur"

"P.S. Arthur is feeling quite proud of the fact that the new grandson has one of his names: Arthur Steven. The baby's name is Joseph Stephen."

(applause from group)

Fred: They come, we contact them, and they go away and we think that's the end of them, but we really haven't lost out because they are telling somebody about us. All right, now let's talk about what everyone has done during the week. Mrs. Kraft, will you tell us what you have done this week?

* All names in the Appendixes have been changed, except for Dr. Smith, Jim Dennis, and Ted Smith.

Mrs. Kraft: I didn't do anything this week, except nurse a cold.
Still nursing it.

Dr. Smith: (social worker from Oahu): Sometimes that takes a lot to do to nurse a cold, doesn't it?

Group member: But this is a new lady. I'd think she'd have plenty.

Amelia: Well, I used to work in a supermarket. First, I started at one firm where Mrs. Suzuki (another group member) worked and shopped all the time so I know her very well and I just retired about two weeks ago, so I thought, gee, I need to do something and don't need to just stay home and do nothing, and I thought this was the best think to do. I've always loved people and I love to talk (laughed heartily) and I come here often to talk with the patients and I enjoy it.

Dr. Smith: Amelia is in the right place, isn't she, Mrs. Sherman, since she likes to talk. (group laughed) Mary Ann says she doesn't like to talk and we know that's not true.

Mrs. Kraft: Didn't your son call you for Easter, Mrs. Drake?

Dr. Smith: We can go on to Paul and come back to Mrs. Drake if you'd like us to.

Fred: Paul, you're the news gatherer, you know!

Paul: No news is good news!

Mrs. Suzuki: We had a nice Easter.

Dr. Smith: Was the Easter bunny good to you?

Mrs. Kraft: We all took communion Sunday afternoon. Everybody. All fifteen at the reverend's house.

Fred: Oh, good! June, can you tell us something?

June: That's all I can say.

Group member: Mrs. Suzuki, did your children come to see you this week? (She did not respond.)

June: I couldn't get up.

Group member: Cold, eh?

Group member: How's Lani?

Lani: I have nothing to say.

Dr. Smith: How was Easter?

Lani: Oh.

Dr. Smith: (repeated) How was Easter?

Lani: Treated me so well.

Dr. Smith: Did you get any good food?

Lani: Yes.

Dr. Smith: What type of food did you get?

Lani: Hawaiian food! (The group reacted with much excitement.)

Dr. Smith: Lani always has some poi around.

Lani: We can't go without poi.

Dr. Smith: That's true! That's true!

Fred: Rev. Ted?

Ted: Well, I had a slow-starting week. Guess what I did?

Group member: Sleep?

Ted: How did you guess? I really did sleep most of one day because I didn't feel well. I took seven of our church young people to the Big Island last week and they wore je out. It rained and rained where we stayed. On Wednesday I came for the Bible study and it didn't meet so I was able to stay for a time and talk with persons in that group. I forgot about two meetings yesterday, but I remembered this one today.

Dr. Smith: We're very thankful that he remembered this one, aren't we? (group laughed)

Mrs. Barker: He should be because he is right here.

Dr. Smith: What I did this week?

Fred: Yes, that's what we're after.

Dr. Smith: Well, let's see. I taught three classes at the university and I did a lot of stuff in the community. I went to the legislature this week, and I was up to about 2 A.M. last night getting everything done so I could leave early this morning to be here, but I'm very glad to be here and see you all again. And I went to the library before I came and I brought some more pictures we're going to look at later. After we hear from Mary Ann.

Mary Ann: Easter Sunday I was out and had a nice time at Maalaia Bay,

Dr. Smith: Where's that?

Mary Ann: Beyond Kihei.

Dr. Smith: Anything else happen?

Mary Ann: Going around visiting the sick.

Dr. Smith: How nice.

Mary Ann: Mrs. Wagner is very sick and we hope she is O.K., that's all. And I went to work yesterday.

Dr. Smith: Where did you work?

Mary Ann: Hale Mahaolu at the Cameron Center.

Dr. Smith: What did you do?

Mary Ann: We are making leather purses, like this one.

Dr. Smith: That's pretty big.

Mary Ann: It is.

(Pictures were passed around the group.)

Group member: I'm so nearly blind that I can't see them.

Ted: (Read the caption for a person.)

Dr. Smith: O.K., let's see what you got. Mary Ann, what do you have? Show the people. O.K., let's see if I can read it. It says, "The separate world of Hana is remote in space and time." You all know where Hana is?

Group: Yes.

Dr. Smith: What is it? Four hundred curves to Hana?

Group member: Oh yes. Thirty-four bridges.

Dr. Smith: It is 400 curves they say in the road. The tourists say something like that. I don't know if it is true or not.

Group member: Twenty-four bridges to Hana.

Dr. Smith: Mrs. Sherman, what do you have?

Lucille: A picture of a lot of young people.

Dr. Smith: Yeh. Do you know what that is? They're the old newsboys in Honolulu. And look, the street isn't even paved. Can you believe that at one time the streets weren't paved? Sure. When I tell the young students they can't believe it. They believe the streets were always paved. Mr. Wright, what do you have?

Mr. Wright: I have here the Broom Room of Iolani Palace in 1893. That's the time Hawaii became an independent republic.

Dr. Smith: That's the downfall. That was a mistake, wasn't it, Lani?

Mrs. Kraft: (to Fred Wright): Maybe you know who some of these people are.

Fred: (named all the leaders in the picture)

Dr. Smith: He has such a good memory! (The group agreed.) Amelia, what do you have?

Amelia: I have the Iolani Palace.

Dr. Smith: Remember last time we had talked about the palace and how it had been run down and now they are fixing it? Well, the library is right next door, so I went to check it out to see how nice it looks on the inside, and the furniture is not in yet in the downstairs rooms, but they've redone all of the wood and it's gorgeous. All beautiful wood floors. I wish I would have been able to see the palace in the old days. (The group heartily agreed.) But they're fixing it up real nice and it will be open this summer. Let's let Mrs. Drake talk about what she has.

Mrs. Drake: The new capital building.

Dr. Smith: Can you turn it around to show people? What do the long columns represent? What are they supposed to represent, Lani?

Lani: The house and the senate.

Dr. Smith: Yeh. The house and the senate are in these, but they are supposed to represent the palm trees. They hold up the capital. O.K., Paul, what do you have?

Paul: Oh, a little picture of annexation, August 12, 1898.

Dr. Smith: Lani, were you alive then?

Lani: Maybe, and maybe not. I can't remember.

Group member: I was alive!

Dr. Smith: Tamae, what did you have there?

Tamae: This is the one of Kihei, eh? Forty years ago I came when I was three years old with my parents and I danced Japan dance and then the haole ladies gave me chocolate. I don't like it. I threw it away because I never tried it.

Dr. Smith: Do you like chocolate now?

Tamae: I do.

Dr. Smith: I like chocolate too. Lani, what do you have there?

Lani: Hawaiian ladies are dancing the hula.

Dr. Smith: Is that one picture, or is there more in there?

Mrs. Kraft: There's only one because she likes the hula dance.

Fred: That's forty years ago.

Lani: That's Diamond Head on Oahu.

Dr. Smith: Amelia, do you know what this is called?

Amelia: Night bloom.

Dr. Smith: You taught me something. Rev. Smith, what do you have?

Ted: Isn't that interesting? Paul and I both reached in and picked the same date: August 12, 1898. It's another picture about the annexation.

Paul: Couldn't be!

Ted: Would this queen with the downtrodden face be Liliokailani? And who do you suppose this is?

Paul: Oh it is. How about that.

Lani: Oh yes.

Ted: That's a good drawing to show how she might have felt that day.

Lani: Sure. She didn't mean to. (The reference was to Hawaii's queen signing the papers which relinquished the monarchy.)

Group member: Here's a menu from a 1951 ocean liner cruise.

Dr. Smith: Mr. Wright, do you want to see what they were serving in 1951 on the boat? I'll get some more pictures. I think we have enough for everyone to have.

(Discussion followed about liking the avocado salad. Then attention was

turned to playing a tape of recordings by Jerry Lewis and Lucille Ball from the 1950's.)

You'll be good while I'm gone (repeated the question two more times)?

(The group agreed to be good.)

Fred: Don't be ashamed of us. The magic hour is here and the meeting is adjourned.

(Discussion about the pictures and a letter sent by a Hale Makua social worker who was traveling abroad.)

APPENDIX B

Friendship Circle at Hale Makua, April 22, 1977, taped*

Fred Wright opened the meeting by asking for sharing from the group members about the week's activities. Concern was expressed by several group members about the condition of a resident who nearly died during the week because of lack of oxygen and there had been a faulty connection in the person's room. The group was glad to hear the person was resting comfortably.

The purpose of the Friendship Circle was reiterated by the leader, Mr. Wright. One person asked for a directive regarding what to share and another group member suggested, "You're glad you're living. You can say that much." Mr. Wright explained how the group shares acts of friendship which they have experienced during the week.

Mrs. Suzuki told the group about her new dress after which several persons expressed an interest in a camera bag in which I had brought a tape recorder.

Mr. Wright expressed appreciation for my sitting in for the usual leader. He then told of a routine week, but shared concern about his bath day being changed. The altered schedule had caused him to be late for an appointment. He concluded that he was pleased to "keep his cool" throughout this incident.

A person asked for the singing of a song and a prayer. The Group began with "How Great Thou Art," but few persons knew the words. Several persons picked up the tune and filled in some of the words. The group next sang "Amazing Grace."

It was suggested that everyone say the twenty-third Psalm since it was Mrs. Walter's favorite. (the woman who almost died.)

I shared the experience of having a memorial service in Waikiki several days earlier. The service was for a woman described by a Honolulu paper as the "rag picker of Waikiki." The group wanted to know more about this unusual person who went around to hotel trash containers picking up any usable items to share with needy persons. The mayor's office arranged the use of a fireboat to go out past the breakers off Waikiki Beach to spread her ashes.

Other Psalms were requested, including the seventy-first which has the passage about not casting a person off in a time of old age. A group member asked, "Does it say anything in there about my hair being gray?"

The group shared happy experiences which had happened to them that day or the day before. Joy was again expressed for the improvement of Mrs. Walters and for visitors who had come during the week.

A person expressed concern over not being able to remember names. Discussion turned to the lighter side and some humorous experiences regarding names.

Mrs. Kraft told of the old stone wells on the farm where her

* This session is summarized because noise from sugar cane trucks obliterated much of the conversation.

parents lived. There were no pumps, just open wells which were used for such purposes as keeping butter and milk. Mrs. Kraft recited words to "The Old Oaken Bucket," and then sang it. She told of reciting and singing the song for Mrs. Walters during the week.

The group shared memories of things they could remember long ago. Mr. Wright remembered his "enduring mother" and a "generous Uncle Sam." He recalled early days in Honolulu and recited poetry, including "When I Have Crossed the Bar."

Mrs. Sherman was asked to sing a hymn but could not recall the words so instead sang "The Old Oaken Bucket." All applauded and thanked her. Mrs. Kraft suggested Mrs. Sherman join her in singing "He Arose." The whole group sang it. There was a request for "Adieu" which was followed by "Put on Your Old Gray Bonnet."

I asked the group for specific things they might like to do for the next Friendship Circle and the suggestion was made to bring one old item to share. One person said all their things were packed.

Several persons left the meeting at this time. Ten more minutes remained in the session.

Mrs. Kraft read several poems followed by Mr. Wright reading "If" and "Day Is Done."

Mr. Wright announced that there were only four minutes remaining and asked that the group close with a prayer. As I started to lead the prayer Mr. Wright began to sing "Auld Lang Syne." The prayer commenced after this and then Mary Ann suggested that all pray the Lord's Prayer.

APPENDIX C

Interview with Mrs. Jean Kraft, April 20, 1977, taped

Mrs. K: Rev. Dennis' wife has been operated on and she's getting better, but he is sick today. And we have two or three others on our list --elderly people in wheel chairs that are down with some kind of flu or cold.

Ted: Maybe this would give us a chance to back up to something you told Chaplain Dennis. Didn't you tell the chaplain that when the group doesn't meet you can still pray for each other? Do you miss the Bible study group?

Mrs. K: Yes, but sometimes we meet at other times during the week, like on Saturday, and we sing and we read the Bible or read a Psalm and sometimes we say the Lord's Prayer or do whatever we want to.

Ted: Whether or not the preacher comes, the praying goes on.

Mrs. K: I told Rev. Dennis the other day that he should stay home with his wife as sick as she was. I said there's only five or six of us and we can hold our own prayer meeting, I said, and get along while you take care of your wife.

Ted: Is his wife home from the hospital now?

Mrs. K: Yes.

Ted: And you mentioned that you had communion out here.

Mrs. K: We had communion Easter Sunday. There's about fifteen of us.

Ted: Would you like to tell me what the communion meant to you?

Mrs. K: I tried to tell those who didn't understand communion, like some of them are Japanese and different ones, and I tried to tell them what the bread and grape juice meant, or whatever we took, and we take and it represented body and the blood of Christ.

Ted: Was communion especially meaningful to you on Easter?

Mrs. K: Yes, well it meant that Christ lives. He died for us and his body, the bread, means his life. The blood, that he gave himself for us.

Ted: It's an appropriate time to realize that Christ lives, isn't it?

Mrs. K: The day after she (Mrs. Walters) pretty near died, all night long God spoke to me and told me --he says, "You go to Mrs. Sherman's. I mean Mrs. Walter's room in the morning and you repeat to her with her help the 23rd Psalm, And I couldn't get away from it. It was just as real in my heart as if I were telling it to you. So I come and I changed my clothes as I usually do after therapy and I went to her room and I said "Good morning," and asked her how she was. She said, "I'm fine, come on in and sit down." "No," I said, "God sent me in here to repeat to you or have you say with me the 23rd Psalm," I said. "Do you want to do it?" "Oh," she said, "I'd be so happy to do it." So we stood there and said the 23rd Psalm and said it all the way through without reading it. We didn't read it. We said it. She remembered every word. And she was so tickled. Then I shook hands with her and walked out. I got that relief in my heart right away to know that I had done what God had asked me to do.

Ted: That's a good feeling, isn't it?

Mrs. K: I said, "God asked me to do that (laughed heartily)."

Some people think that God doesn't talk to you, but he does talk to you. Yes he does! He talks to me all the time (laughed again).

Ted: I believe it.

Mrs. K: Yes, you should know it!

Ted: I'm not always as open to God's leading as I would like to be and sometimes I feel like I could stand something to make me more aware. I've appreciated your sharing that experience.

Mrs. K: And sometimes I can't get away from it. Sometimes I'll be calling down there and God will say, "Go into this apartment right there," and I go in where a woman is paralyzed, and I say, "Good morning," and she says, "Good morning. I'm glad you came. I was so lonesome." Pretty soon her husband came. I had taken a little book along about we should take our troubles to God and depend upon God for things. And then I had by songbook along and I said, "How about singing 'Amazing Grace,'" and she grabbed my hand and said, "That's the song I love." So she and I and her husband sang "Amazing Grace" and they were here about three weeks after that and I met her husband quite often and he says, "My wife still remembers how you sang to her. It meant so much to her." So you see, you never know how God is going to lead you to help other people. Oh, I'm talking to a minister. I oughta be ashamed of myself (laughed)!

Ted: No you shouldn't. Pastors don't have more of a direct pipeline than...

Mrs. K: I've got a direct pipeline, that's for sure (laughed).

Ted: Maybe the Wesleyan Methodists know more of the direction of the pipe than the other Methodists. I wouldn't want to argue the point.

Mrs. K: Well, all I know is that's the way my life goes every day.

Ted: You're talking about the routine things that happen every day?

Mrs. K: Visitation and helping somebody. That's what I want to do.

Ted: I see. So you're doing what God led you to do and sharing with Mrs. Walker is one of those significant ways?

Mrs. K: Yes.

Ted: Nothing is insignificant in the course of a day. Even the small things we do. I'm surprised sometimes how a day unfolds. I think I'm going to spend it one way and end up doing something else.

APPENDIX D

Interview with Mrs. Darlene Walters, April 22, 1977, taped

(Mrs. Jean Kraft accompanied me to see Mrs. Walters. The conversation opened with Mrs. Walters sharing about her sons and daughter.)

Ted: I'm glad to know about your family, Mrs. W. Is there anything else you would care to share about them?

Mrs. W: Well, I don't know. I'm not a very good talker.

Ted: You're doing fine.

Mrs. W: She is very happy in this home for the retarded.

Ted: Does she work at the Cameron Center Workshop?

Mrs. W: I don't know anything about it, but that's where she works.

Ted: The lady who left when we came in said that you like visitors.

Mrs. W: Yes, I do.

Ted: Would you say that is one of your needs -- for more people to call on you?

Mrs. W: No. I don't need -- I should miss them very much if they didn't call, but I don't -- but I have lots of friends who do call.

Ted: So you are not overly concerned about it. Have you other needs?

Mrs. W: No, I'm pretty well provided for and I enjoy my own thoughts, too. About things.

Ted: What are some of the things that you spend your time thinking about?

Mrs. W: Oh, that's a random question?

Ted: I guess it is.

Mrs. W: I don't want to answer it.

Ted: That's quite all right. I notice your rocking chair and your plants. Are you able to spend much time at the window enjoying the plants?

Mrs. W: I don't spend much time with the plants. The gardner takes care of them.

Ted: You have some pretty ones.

Mrs. W: Yes. I don't take care of them, but I enjoy them, though.

Ted: I'm sure you do. It's also nice you can hear the tapes. What kind do you like? Music?

Mrs. W: All kinds, I don't even read. But I don't have a tape recorder. Some of my friends do.

Ted: The Wednesday Bible study group has not met for a few times because the chaplain's wife is ill and he has an ear problem. I came over to meet with them today because my Wednesdays are now free since my confirmation class has ended. That met for about half a year and that's why I haven't been at the class. You attended the class sometimes, didn't you?

Mrs. W: Sometimes. I've forgotten. I'm terrible on dates.

Ted: But you used to go when they met.

Mrs. W: I enjoyed them very much.

Ted: I particularly enjoyed one session when Chaplain Dennis asked

people to share what the group meant to them. One person said the group taught them how to pray.

Mrs. W: I'm a Roman Catholic and I enjoy my religion -- my religion very much, and it fills a great need for me.

Ted: I'm sure it does.

Mrs. W: But I'm not bigoted. I go to the other churches too.

Ted: Fine.

Mrs. W: Christian churches.

Ted: My own feeling is that we have the same God, the same Jesus, and that so much more unites us than divides us.

Mrs. W: That's exactly the way I feel.

Ted: And that's a good feeling.

Mrs. W: He's the Christ, and he loves us all.

Ted: Do you feel Christ's presence with us today?

Mrs. W: Yes, I do.

Ted: Good. Mrs. Kraft said she appreciated having communion on Easter. Were you able to receive the Eucharist then?

Mrs. W: Yes. We have communion often. Every Sunday.

(Our time together ended with a prayer and Mrs. W. expressed the hope that one day in the future, Christians would all be one in the Spirit. I shared that hope with her as we prayed.)

APPENDIX E

Interview with Mrs. Lucille Sherman and Mr. Fred Wright, Hale Makua,
May 11, 1977, taped

(The two persons interviewed were close friends and spent much time together.)

Ted: The microphone is right in this part of the recorder. It's in-built in this little setup. What are some of your needs or concerns, Mrs. S.?

Mrs. S: About this place?

Ted: Either that or about life. I've seen a most helpful spirit of concern on the part of the staff here.

Mrs. S: Yes.

Ted: It's nice you can attend the Bible studies and worship. Also, you can go to your meals in the dining hall.

Mrs. S: Yes, oh, yes. We're very proud of ourselves.
(Repeated for Mr. W. who was quite deaf.)

Mr. W: Yes. Right.

Ted: That's justifiable.

Mrs. S: (laughed) My home is in Honolulu now. I was born and raised in Lexington, Kentucky, and then I lived in Honolulu in the same house for fifty years (laughed). I still have it. I was at Punaho School. I don't think I've contributed anything (laughed) except raising three nice children (laughed).

Ted: I think that would be quite an accomplishment.

Mrs. S: It is!

Ted: Did you work at Punaho?

Mrs. S: Oh, I didn't work at Punaho. I lived on Punaho Street across from the school. No, I just was a house-keeper and looked after my family.

Ted: What did your husband do?

Mrs. S: He was a doctor, a physician and we lived there on Punaho Street for fifty years. He's been gone some years now, but he was a fine man.

Ted: What year did he die?

Mrs. S: I was trying to think last night. I wasn't quite sure. He (hesitated and mumbled) -- I have it all in writing in Honolulu. My home's still there, though I've been living here (laughed). I've been boarding here a couple of years (said with laughter).

Ted: It's a pretty nice place.

Mrs. S: Yes, it is, but I've had surgery on my hip and all and so I needed to be taken care of.

Ted: You folks (Mrs. S. and Mr. Wright) seem to have enjoyed the Bible study and the prayer time.

Mrs. S: Oh yes.

Ted: Does that meet a definite need in your lives?

Mrs. S: What's that?

Ted: (Repeated the question).

Mrs. S: Oh yes, indeed. All my life I've been a -- I've felt that I was a Christian from the time I joined the Old Main Street Christian Church in Lexington, Kentucky, and then of course when I married and we came here, Central Union. I've been in Central Union Church for fifty years now (laughed) so, you see, I'm almost at the end of the rope.

Ted: (laughed) Well, your life seems to have been a fulfilled one, and you impress me as living each day to the fullest: reading, visiting, and engaging in various group activities here at Hale Makua.

Mr. W: What is your church now?

Ted: (briefly described the work on Maui)

Mrs. S: I don't think I'm setting the world on fire so I don't think you'd better waste any more tape on me.

Mr. W: Do you want me to tell you what I think about? I've come from a Christian home, so from the time I could walk my intentions were toward the Bible and Jesus Christ. I've tried to live that code all my life, so I've been a deacon at one little church. I've been a Sunday School teacher, but I still right from the beginning I haven't felt that one great conversion, or if it were that, but all the times of my life, and I've had a full, happy, good life, nothing to complain about.

Ted: What was your work through the years? What did you do?

Mr. W: Whee! I started out as an office boy for a firm interested in rubber plantations and they went through the war when rubber was very profitable. As soon as the war was over, bang, the bottom dropped out. Then we took on merchandising. When the San Francisco earthquake upset the usual contacts with the merchants here, these people rustled some new accounts up in Seattle and Oregon and so I had a leaning toward merchandising and I've stayed with them from right after finishing high school. I was three years with this firm I first told you about, then I started out on my own in merchandising as manufacturer's agent. You get an agency and we called ourselves Pan Pacific Traders. I was the President and manager and our little company prospered.

Ted: Where were you located?

Mr. W: Honolulu. It grew and I've traveled quite a bit, from Australia, New Zealand, England, and the islands (Hawaii) most generally. And I've had a chance to go visit each of our agencies. That was a trip when I was just a young man. Hadn't gotten twenty-one yet. So that kinda rubbed off on me (said gleefully) and so the greatest part of my life till the war came on, say, was, say, manufacturer's agency business. When the war, the First World War, I'm talking about -- it was very difficult to get delivery of merchandise so we went through the army. I went through the first training camp here. We happened to have a young officer in Hawaii when the war broke, that was a Texan. The west part. And he majored in organizing these groups to create ninety-day wonders, huh. He was here and we got the first training camp in the United States, and so I was a member of that and was selected to the armed force in the islands. I was getting along and after the second month we had an all-day pack and I came home and I found that we had the outfit broken and so they said you could finish but you'd have to wait till we were a total country, so I didn't get a commission but I did finish the course.

For a time things were very dull so I tried a second time. They had a second course or school here. I was within two weeks of graduating and they sent, what is it, six of us I think, this graduation would have gone to the Mexican border and that was just what I didn't want. I was so anxious to get into the army to get overseas, so the unit from camp was scheduled to be the next outfit to go so at least six of us were transferred and on our way. Flu had set in at San Francisco and we were quarantined for two weeks. Then we were allowed to go on, so we lost two weeks of training. By the time we got seeded with two weeks to go for a commission, the armistice was signed.

Ted: Your contribution to the cause ended abruptly.

Mr. W: So I never made the grade, huh. After that we came home and started with Stephen Connors who was later governor and we had a real estate business we called Connors and Wright, huh. And we went along until each of us had gotten an accumulation of real estate that was going to take all our time each, so we split up as good friends, huh. Each went on his own again and with that I thought I was pretty well heeled and I made a trust lasting for three years, but by the end of three years the person had gotten so deep that our trust companies were beginning to feel it. Evidently I was marked as expendable, again, and so my trust was sold out and I had to start again and after that time I got back into real estate and on my own. F. Wright, realtor. It has been that way for many years now.

Ted: So you sold real estate on which of the islands?

Mr. W: I came to Maui on a real estate deal. The Cordeiro Estate here on Maui was 600 acres up in Kula. This 600 acres had been leased for twenty-five years to the Wheats and at the end of the lease I offered them \$5 an acre for it because that was the offering price on real estate, undeveloped. And during the period that they owned it the war stationed a battalion or regiment of marines here and they picked out Kula as a wooded area and built ten power-storage huts there, plus a series of cinder roads, huh. O.K. They dickered with what they wanted to sell to local people, the Cordeiros did, and they dickered until they offered them \$25 an acre, take it or leave it. And then when they got to that point one of their boys worked for Mattingly as a surveyor and so heard of it through them and organized what we call a "hui" of little people and they asked me to come up and appraise it. I looked it all over and I saw the possibility of the portion that the marines had occupied and had road area already roughed in as a subdivision. They were only looking at it only as ranch property, huh. And the subdivision with the tin huts and the road we were able to offer them \$190 an acre, huh. I took the improvements as part of the land and heretofore land had been hard to get on Maui. It was mostly leases and we sold the subdivision off by like a, b, c. So when I finished I had my investment in the property, plus my profit, and I took it out in land. I became the owner, almost so, of 88 acres. That 88 acres has made me a land owner and a real estate baron, so it's said. I built the Kula Lodge around and through the subdivision which looked on several pieces of the 88 acres. With pieces of subdivisions in Honolulu I thought I was

retiring, and I retired for seven years and didn't do anything but retirement. Any real estate that came up I never gave up my license.

So now and then there was a political meeting and I had a fall. I fainted. Picked me up and after that I didn't know whether I was coming or going and pretty soon I had an operation and landed here. It's almost two years now.

Ted: Well, that's quite an account -- really an interesting trail to walk through fascinating parts of our state's history and your involvement in it all. Thank you so very much for sharing that with me today.

Mr. W: So, we've been treated very well and I've made it as homey as I can.

Ted: Yes, you have. Chess set, furniture and all.

Mr. W: The Lord has been good to us. Mrs. Sherman and I are the closest of friends. We're keeping out of trouble. (laughed).

APPENDIX F

Bible Study at Hale Makua, March 16, 1977, taped

Martha: I've enjoyed the association with the other Christians here. We're all Christians and we have something to give each other: Christian love.

Lucille: I feel like I'm going on and on as I always have, and I've gotten inspiration here as I used to at home.

Fred: I've felt it has helped to confirm what I've experienced all my life -- there is a terrific Power. God has sent a Comforter to each and every one of us.

Paul: I've learned more about God and religion and the Bible. How to be good or bad, to choose obedience and to make choices, either to love or to hate. We have confirmed what we have already learned, strengthening our beliefs. It has given us opportunity to read the Bible.

Jean: I've a lot on my heart. Rev. Dennis has led us to learn to pray out loud. I believe it is a wonderful thing to get all the people to pray.

Tamae: I gained everything. I met Chaplain Dennis in the hospital when I was mentally sick and tied down at the hospital. One day I asked the chaplain for a nice book, the Bible, then for a cross.

Chaplain Dennis: Does the Bible class help us in the matter of dying?

Jean: I'm not afraid of dying. We're going to live after death.

Chaplain Dennis: The only way I can know I'm going to live after death is to know that God is with us. I'm going to go out in style.

APPENDIX G

Bible Study at Hale Makua, January 5, 1977, taped

The group met for the first time after the holidays and shared experiences of Christmas and New Years Day as people continued to arrive for the session. An assortment of gifts were received by group members: a scarf; a cash gift (which the person shared with a daughter); "Just my family, and I couldn't want anything more"; ten silver dollars and a tomato (one of the staff knew that this woman liked tomatoes); "Not good! All I got was \$15 from my mother," (this person, confined to a wheelchair, was able to spend Christmas at home).

The chaplain began the class by suggesting that each person give a gift to the others present -- praying for one another. One woman, quiet for a time, cried as another person in the group prayed for her. Another woman prayed the Lord's prayer, after which the chaplain helped her pray a short prayer. The chaplain prayed with a person who had suffered a stroke. The prayers offered by the class members included expressions of thanksgiving for the birth of Christ, for the staff of Hale Makua, for the nurse's aides, the gardeners, and the chaplain, "Who has been coming out faithfully to help us learn the Bible."

A woman shared a verse from the book of Peter: "Casting your care upon him because he careth for you." After this the chaplain helped her with a prayer for all in the group.

A group member asked for prayer for a daughter and granddaughter who died in an accident at a young age: "Please lift up their names into the Book of Life."

A woman, who is known and respected as a dedicated Christian at the home, began singing:

We are one in the bond of love,
We are one in the bond of love.
We have joined our spirits with the Spirit of God.
We are one in the bond of love.
Thank you, Lord, for saving my soul,
Thank you, Lord, for making me whole.

The chaplain used a news clipping as an attention-getter, tying the story in with the privilege Christians have of sharing their salvation with others. The story was about children in Sweden who formed a vigilante committee to tie red ribbons on all pet or stray cats who did not have ribbons. A newly approved ordinance hired one man to shoot all strays without red ribbons because the cats were curtailing the bird and pheasant population. The individual hired to eliminate the cats reported that his task was virtually hopeless because all he saw was a "sea of red ribbons." (The class erupted with approval for the action of the children.)

A woman who was wheeled in late by a nurse's aide evoked a whispered response from another person: "That person wets the floor. I hope they don't put her too close to me." (As it happened, the woman was wheeled over next to me and after the session she was in

a dry condition.)

After the session I helped push wheelchairs back to the rooms. The person who had made the comment about the woman wetting, went over to her to welcome her.

As the session neared the end the chaplain asked the group how they might "get into the Word." Responses included: Bible reading, living it, watch the "700 Club" on television, tuning to KAIM (Christian radio station in Honolulu) for Christian music and Bible teaching, the use of Bible study tapes, and tapes of the scriptures being read.

The members expressed interest in the name given the line attached to the first American astronaut to "walk in space" -- J-3-16 (for John 3:16), so designated because of the crucial importance of the equipment as an everlasting lifeline.

APPENDIX H

Programs and Services to Help Older Adults Live at Home

A. Programs of Information and Referral: Through public media, newsletters, information centers, volunteer programs and other means, organizations can provide older persons with information to help them remain in their own homes, including:

- (1) Social Security
- (2) SSI (Supplemental Security Income)
- (3) Social service program
- (4) Protective services
- (5) Consumer services
- (6) Counseling services
- (7) Health programs
- (8) Food stamp eligibility
- (9) Housing relocation
- (10) Employment assistance
- (11) Volunteer programs

B. Programs for Direct Service: These programs can include service to older persons in their own homes or in group settings, as in a senior center. Bear in mind the multiplier effect of a cluster of services on the well-being of those served.

- I. Consumer Issues
 - Consumer Education
 - Cooperative Buying.

- II. Creative/Leisure Activities
 - Adult Education
 - Arts and Crafts
 - In-Home Library Services
 - Recreation Activities
 - Talking Books, Reading Services for the Blind

- III. Health
 - Health Education/Counseling
 - Home Health Services
 - In-Home Physical Therapy
 - Mail Order Drug Services
 - Multiphasic Health Screening

- IV. Housing
 - Home Repair Services
 - Housing Counseling

- V. Legal Services
 - Conservatorship/ Guardianship Programs
 - Financial Counseling
 - Legal Aid
 - Tax Counseling

VI. Nutrition

Congregate Meals
 Food Stamps
 Home-delivered Meals
 Nutrition Education

VII. Social Support Services

Adult Day Care Centers
 Chore Services
 Counseling Services
 Equipment Loan
 Escort Services
 Foster Home Care
 Friendly Visitors
 Homemaker-Home Health Aide Services
 Personal Grooming
 Shopping Services
 Telephone Reassurance
 Transportation Services -- reduced bus fares
 Driver Refresher Courses

C. Programs of Advocacy: National organizations and their local affiliates, in conjunction with local public and private agencies, can help older persons remain in their homes by serving as their advocates. For instance, their members can work for the development of housing authorities. They can influence local school boards to provide facilities and vehicles for nutrition and transportation programs.

In many cases, this advocacy role can mesh with other special concerns of an organization. An organization concerned with the physically handicapped could work to influence rehabilitation agencies to focus on the elderly's rehabilitation needs. All organizations can underline and obtain support for the selection of the special issues that confront the elderly who are members of minority groups or who have special handicapping conditions.

* From Joyce C. Welsh "A Guidebook for Local Communities Participating in Operation Independence" (National Council on the Aging, Inc., 1828 L Street, N.W., Washington, DC 20036), pp. 22-24 (June 1975). Used by permission.

APPENDIX I

Spiritual and Program Resources Offered by Churches on Maui***Buddhist (Hongwanji Mission) Wailuku**

- (1) Wednesday Bonzai Hour, Hale Makua Nursing Home
- (2) Early worship (6 a.m.), Sunday, for Issei
- (3) Rakuen ("Paradise") Club for Senior Citizens. Meets two times monthly, one of these times for worship.
- (4) Kula Hospital and Sanatorium: monthly service
- (5) Hale Mahaolu (retired housing): monthly worship
- (6) Maui Buddhist Council meets for a service monthly at Hale Makua.

Protestant

- (1) Holy Innocent's (Episcopal), Lahaina
 - a) The parish does not have any significant number of elderly. Only one shut-in.
 - b) Individuals serve on the diocesan Committee on the Aging to work on specific ministries to the elderly.
- (2) Good Shepherd (Episcopal), Wailuku
 - a) County Commission on Aging provides a noon meal through its nutrition program five days a week.
 - b) Worship services at Hale Makua, Wailuku, on Sunday
 - c) Visitation by clergy and lay persons in homes, hospital, and nursing care centers.
- (3) Wailuku Union (United Church of Christ)
 - a) Calling is done as part of the normal parish ministry.
 - b) Special ministry to older people "wintering" from the mainland.
 - c) Seek to make the program "cross-age."
- (4) Makawao Union (Congregational)
 - a) In its ministering the church regards the aged as human beings.
 - b) There is no special program type activity but there is pastoral calling.
- (5) Salvation Army, Kahului
 - a) Worship service at Hale Makua, Wailuku, fourth Sunday.
 - b) Thanksgiving dinner on Maui at Kahului Union facility (235 attended in 1978).
 - c) Thanksgiving dinner on Island of Lanai shortly after the Maui event.
 - d) League of Mercy program for both members and non-members. Visitation at area hospitals, Puilan (Lahaina center for the elderly), and the jail.
- (6) Kihei Baptist
 - a) Hale Makua worship services, third Sunday of the month.

* There are approximately twenty-four denominations listed in the Maui County telephone directory.

- b) Joins with other congregations for Christmas programs.
- c) Older members sense little "drawing of age lines."
- (7) Kahului Union (United Church of Christ)
 - a) Hale Makua worship, fifth Sunday of the month, led by deacons, some of which are approaching retirement. The service consists of informal songs, meditation, and sharing. Close communication with the residents is stressed: touching and giving supportiveness.
 - b) Twice a week County Lunch Program
 - c) Easter Seals Audiologist uses facilities for hearing tests.
 - d) Thursday sewing program (Adult Education by Department of Education.
 - e) Kahului Senior Citizens Association meets monthly at the church.
 - f) American Association of Retired Persons meets monthly.
 - g) Small groups for Christian nurture are involved with the total membership.
 - h) Seminars periodically offered on subjects such as death and dying, healing.
 - i) The church favors non-profit organizations using their structure.
- (8) Lutheran (Missouri Synod), Kahului, Lahaina, Molokai
 - a) One couple in the parish over 65 and they are 91 and 92 respectively.
 - b) Christmas caroling to the shut-in at Hale Mahaolu.
 - c) No special programs.
- (9) United Methodist, (Lahaina and Honolulu)
 - a) Issei Sunday morning worship for older Japanese in the community.
 - b) The State holds craft classes, ukulele lessons, table games, serves a hot lunch.
 - c) Piilani Center for Christmas caroling; also at Hale Makua and Kula Hospital (financial contribution to the patient's recreation fund).
 - d) Hale Makua worship service, third Sunday.
- (10) United Methodist, Ala Lani, (Kahului)
 - a) Hale Makua worship, third Sunday, alternating with Lahaina church.
 - b) Caroling at Hale Makua with a family group.
 - c) Pastoral and friendly visiting at Hale Makua and Maui Memorial Hospital.
 - d) Weekly radio program ("The Word and Music") over one of the two island stations (Maui). Production of program in conjunction with Lahaina church.
 - e) Church school classes making favors for Hale Makua residents' trays for special seasons.
- (11) Maui Evangelical (United Church of Christ), Kahului
 - a) Day care center for senior citizens and disabled. Program provides protective and supportive services from 7:30 a.m. to 5:00 p.m. to those who because of age or disability are dependent upon their children or relatives for care. Activities include:

- (1) Physical: stimulation, conditioning and maintenance; calisthenics, walks and games.
 - (2) Educational: current events cassette tapes, films, and agencies involved with senior citizens.
 - (3) Recreational: sight-seeing trips, picnics, radio, television, games, entertainment, and exercises.
 - (4) Avocational: arts and crafts and gardening.
 - (5) Personal: grooming, and personal hygiene.
 - (6) Rest: beds are available for resting, as needed.
- Lunches are provided by the free lunch program for senior citizens.
- Staff includes a program director, two part-time aides and a part-time program aide. Five persons from the congregation alternate to supervise the work which currently accomodates a limit of 12 persons.
- b) Retired Senior Volunteer Program (RSVP) is used. This program develops through volunteer work a recognized community role and a meaningful life for older people.
 - c) The church program is inter-generational.

Roman Catholic

- (1) St. Anthony's, Wailuku
 - a) Father Shehann, 77 year old parish priest, calls daily at Maui Memorial Hospital and holds a service Wednesday morning at Hale Makua.
 - b) Thanksgiving and Christmas distribution of canned goods to all age groups.
- (2) Christ the King, Kahului
 - a) Father Felix calls and offers religious services at Hale Makua Wednesday afternoons.
 - b) A distinction is not made between those thought more or less capable. The ministries offered older persons are coordinated into the total program.